

Name in Full *William Joseph Birley*

CERTIFICATE OF DEATH

Died at *Sabillasville* ^{Town} *Frederick* ^{County}
Date of death *1909* ^{Month} *March* ^{Day} *3rd* ^{Years} *—* ^{Months} *—* ^{Days} *23*
Sex *Male* Color or Race *White* Birth-place *Sabillasville*
Occupation *—* Where Residing if not at place of death *place of death } Md.*

Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *Marvin F. Birley* Father's Birthplace *Sabillasville Md.*
Mother's Maiden Name *Alice Virginia Moser* Mother's Birthplace *Sabillasville Md.*
Name of person giving information *Joseph Moser* How related to deceased *Grand-father*

CAUSES OF DEATH

93

Primary *Pneumonia* How long *4 day*
Immediate *Convulsions* How long *1 "*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. L. Wachter
Sabillasville Md.

Accident or Suicide?



Name
In
Full

Lottie Burma Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Forville</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>March</u>	Day <u>6</u>	Age <u>8</u> Years	Months <u>~</u>	Days <u>20</u>
Sex <u>female</u>	Color or Race <u>White</u>		Birth-place <u>Forville</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Calvin Brown</u>			Father's Birthplace <u>Forville Md</u>		
Mother's Maiden Name <u>Linnie Wolf</u>			Mother's Birthplace		
Name of person giving information <u>Linnie Brown</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

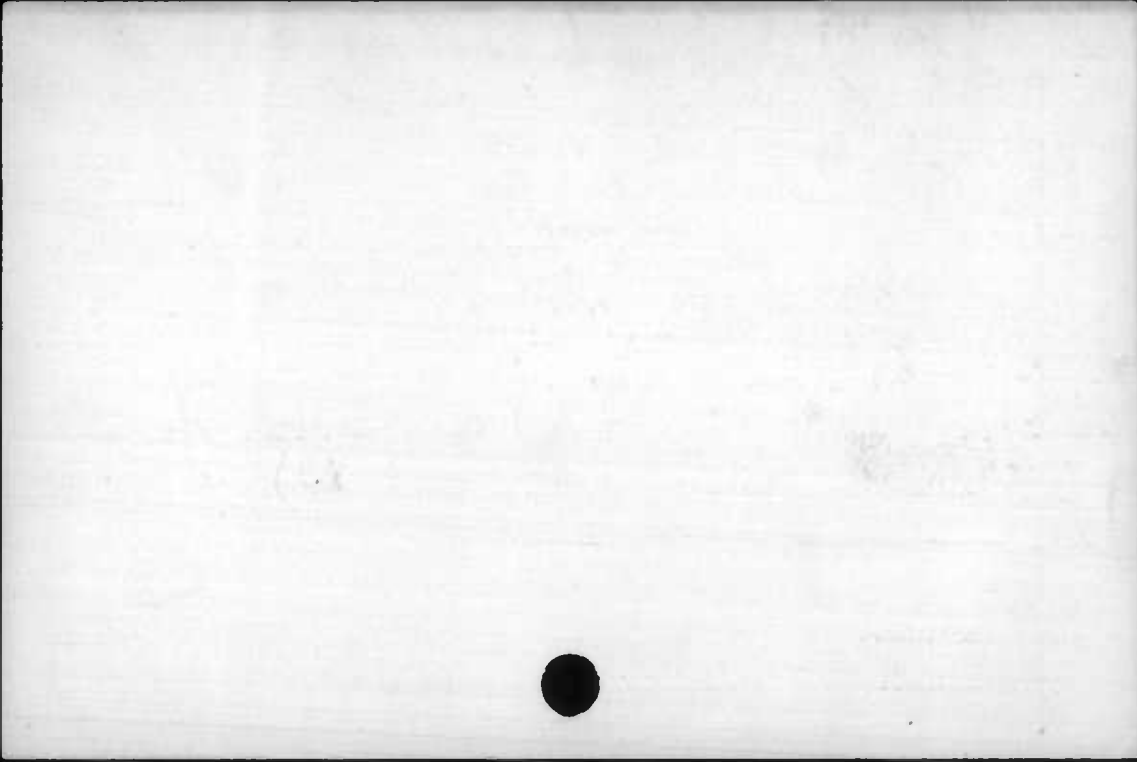
79

PHYSICIAN
OR CORONER

Primary Cause of Death	How long
<u>Probably valvular heart disease from symptoms</u>	<u>don't know</u>
Immediate Cause of Death	How long
<u>Do not know as she was dead before I arrived</u>	<u>don't know</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>yes</u>	<u>Woodward Bailey</u>
	Address
	<u>Thurmond</u>
Accident or Suicide?	
<u>no</u>	<u>Med.</u>



Name in Full		William Henry Burke				No. 9		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND				
		Date of death		1909	Month	March	Day	18	Age	80	
								Months	8	Days	18
		Sex		Male		Color or Race		White		Birth-place	MD
		Occupation		Laborer		Where Residing if not at place of death					
		Married, Single or Widowed		Married		Name of Wife or Husband		Isabelle Burke			
Father's Name		Hazel Burke				Father's Birthplace		MD			
Mother's Maiden Name		Eva Ann Ryan				Mother's Birthplace		MD			
Name of person giving information		Hazel Burke				How related to deceased		Son			
		CAUSES OF DEATH				93					
PHYSICIAN OR CORONER		Primary		Pneumonia		How long		4 days.			
		Immediate		Exhaustion		How long					
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		R. C. Fout			
						Address		Kempstown Md.			
		Accident or Suicide?									



Name
in
Full

Elizabeth Ann Catharine Bussard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

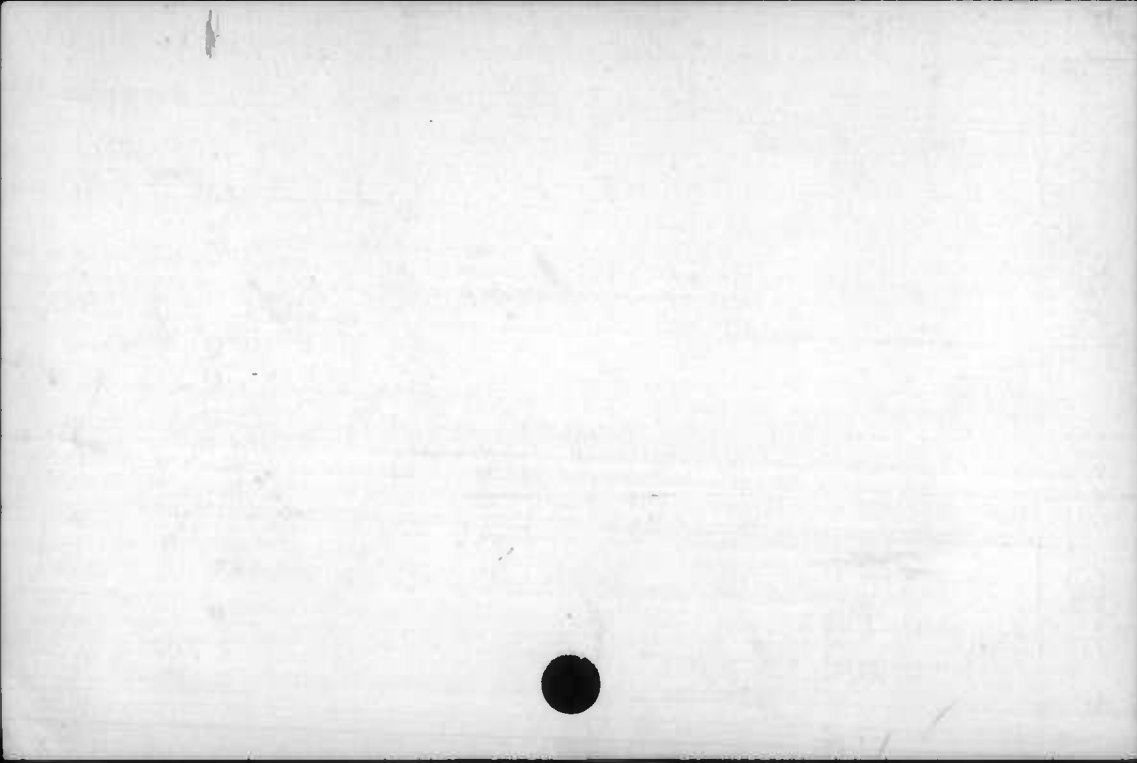
Died at <i>Middletown</i>		Town <i>Fredricks</i>		County		MARYLAND	
Date of death	1909	Month	Feb	Day	1	Age	55
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fredricks Co Ind</i>		Months	Days
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John W Bussard</i>					
Father's Name <i>Henry W Summers</i>		Father's Birthplace <i>Wayland</i>					
Mother's Maiden Name <i>-</i>		Mother's Birthplace <i>Wayland</i>					
Name of person giving information <i>John W Bussard</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary	<i>Malignant Endocarditis</i>	How long	<i>4 months</i>
Immediate	<i>Heart Failure</i>	How long	<i>3 day -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. L. Beckley</i>	
Yes		Address <i>Middletown Ind</i>	
Accident or Suicide?			



Name
in
Full

Jesse P. Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Unionville County Frederick MARYLAND

Died at

Date of death 1909 March 24th Age 84 Years 10 Months 11 Days

Sex male Color or Race white Birth-place Maryland

Occupation Laborer Where Residing if not at place of death Unionville

~~Married, Single~~ or Widowed Name of Wife or Husband Susie Eberly

Father's Name John Butler Father's Birthplace Not known

Mother's Maiden Name Priscilla Leatherwood Mother's Birthplace Md.

Name of person giving Information Mrs. Mollie Hunt How related to deceased Daughter

CAUSES OF DEATH

Primary Gangrene due to old age. 142 How long 6 weeks

Immediate How long

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician

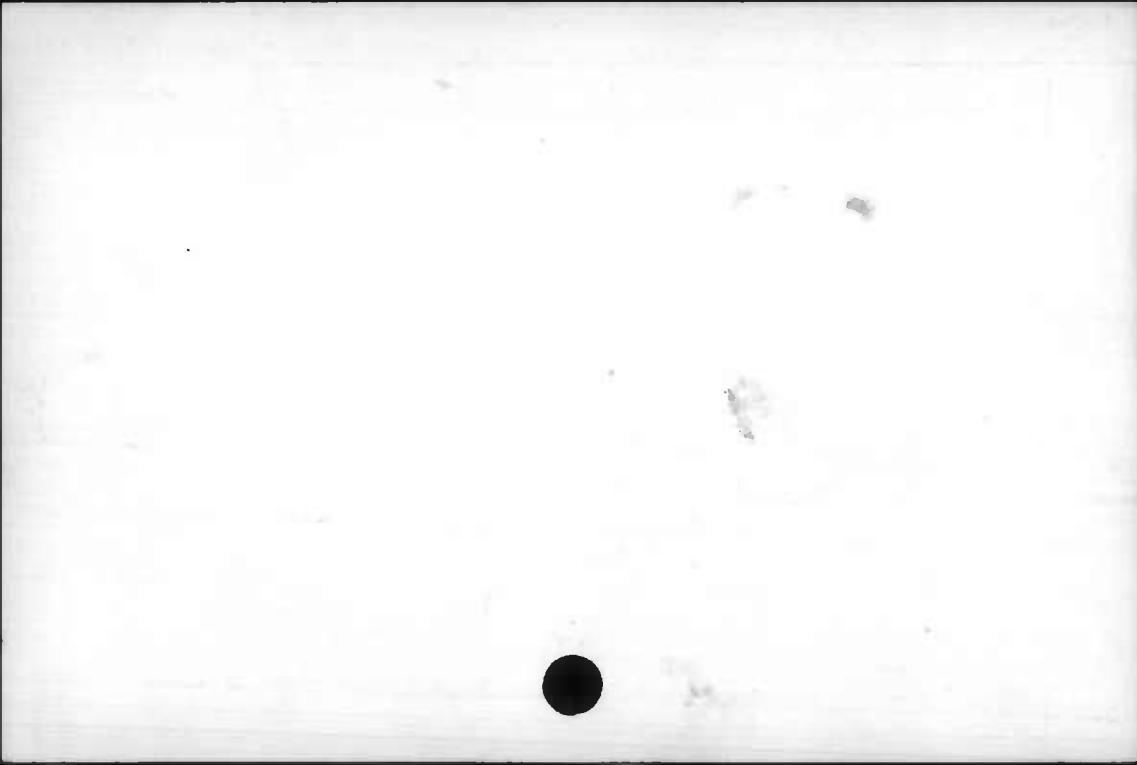
W. Whitaker MD

Address

Unionville Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Austin E. Castle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at Freagaville Town, Fredericks County, MARYLAND

Date of death 1909 Month 3 Day 29 Age — Years — Months — Days 5

Sex Male Color or Race White Birth-place Freagaville

Occupation — Where Residing if not at place of death Freagaville

Marriad, Single or Widawed Single Name of Wife or Husband —

Father's Name John W. Castle Father's Birthplace Fredericks

Mother's Maiden Name Femmie Miller Mother's Birthplace " " "

Name of person giving Information John W. Castle. How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary — How long —

Immediate Medication How long 5 days

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician W. A. Long

Address Fredericks

Accident or Suicide —

Interment Mar 30, 1909.

" at Lutheran Cemetery,
Middletown Md

Thomas P. Rice F.D.

Dr. W. A. Long.

Dr. Goodell,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Otho B. Cecil

Died at *Montrose Hospital Frederick* Town County

MARYLAND

Date of death *1909 March 21* Month Day Age *68* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Unknown.*

Occupation *Unknown* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Unknown.*

Father's Name *Unknown.* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown.* Mother's Birthplace *Unknown*

Name of person giving information *Nurse.* How related to deceased *None*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *General Debility* How long *2 years.*

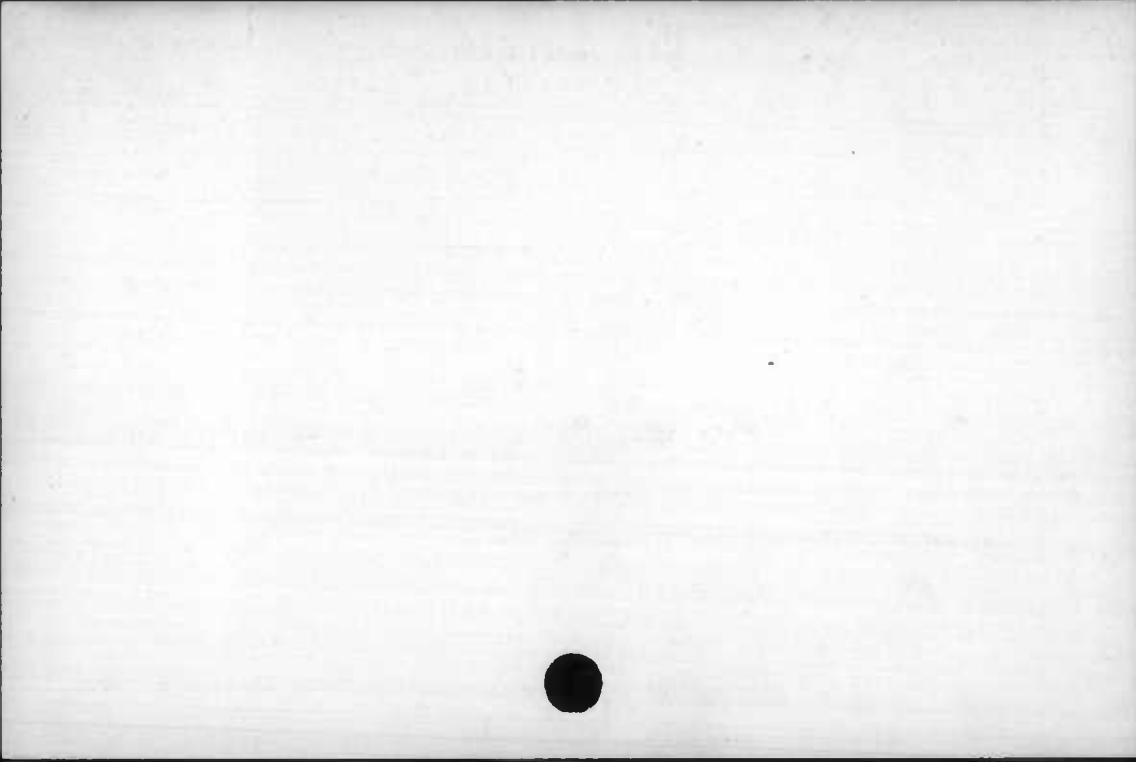
Immediate *Exhaustion* How long *Two weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

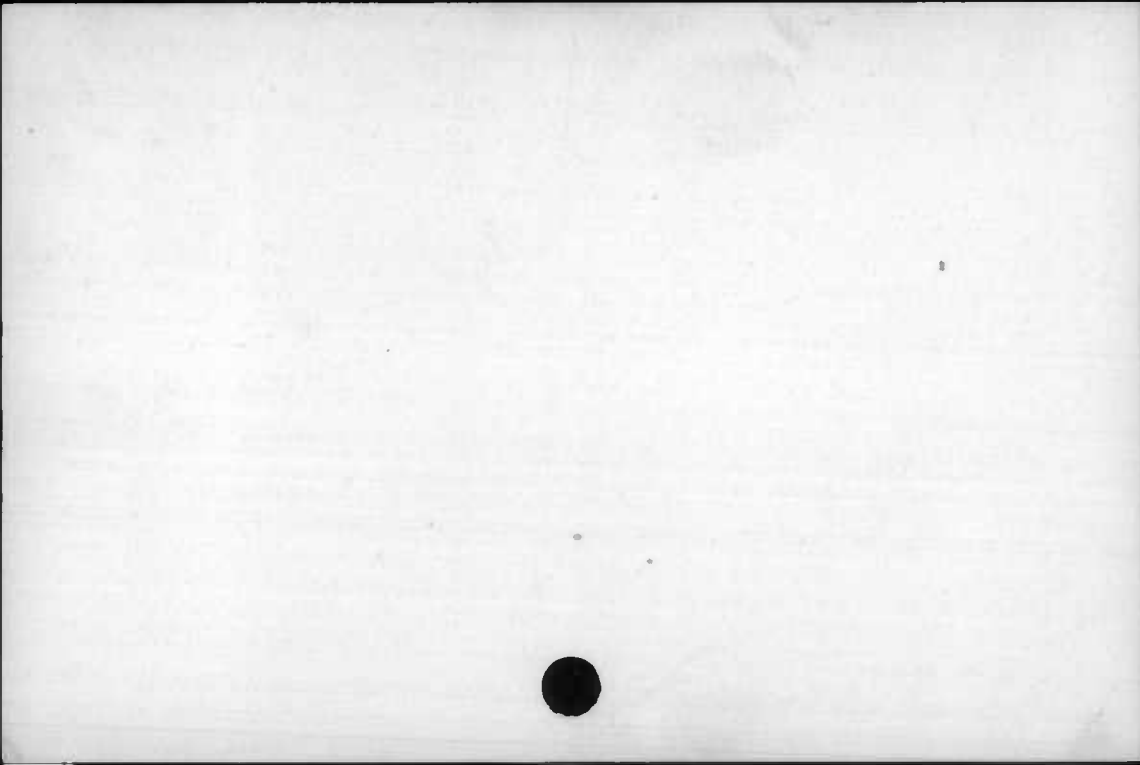
Signature of Physician *R. S. Brown.*

Address *Frederick Md.*

Accident or Suicide? *.*



Name in Full		Tcwn				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Ellerton</i>				<i>Frederick</i>		MARYLAND			
		Date of death <i>1909</i>		Month <i>Mar.</i>	Day <i>20</i>	Age <i>77</i>	Months <i>7</i>	Days <i>21</i>			
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>					
		Occupation <i>Farmer</i>				Where Residing if not at place of death <input checked="" type="checkbox"/>					
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Catherine Summers</i>							
		Father's Name <i>Phillip Cline</i>				Father's Birthplace <i>Not known</i>					
		Mother's Maiden Name <i>Elizabeth Ambrose</i>				Mother's Birthplace <i>Not known</i>					
		Name of person giving information <i>Chas. Cline</i>				How related to deceased <i>Son.</i>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">64</div>											
PHYSICIAN OR CORONER		Primary <i>Organic Heart Disease</i>				How long <i>Several Years.</i>					
		Immediate <i>Apoplexy</i>				How long <i>3 days.</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>				Signature of Physician <i>Ralph B. [illegible]</i>		Address <i>Myersville, Md.</i>			
		<input checked="" type="checkbox"/> Accident or Suicide?									



Name
in
Full

George Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

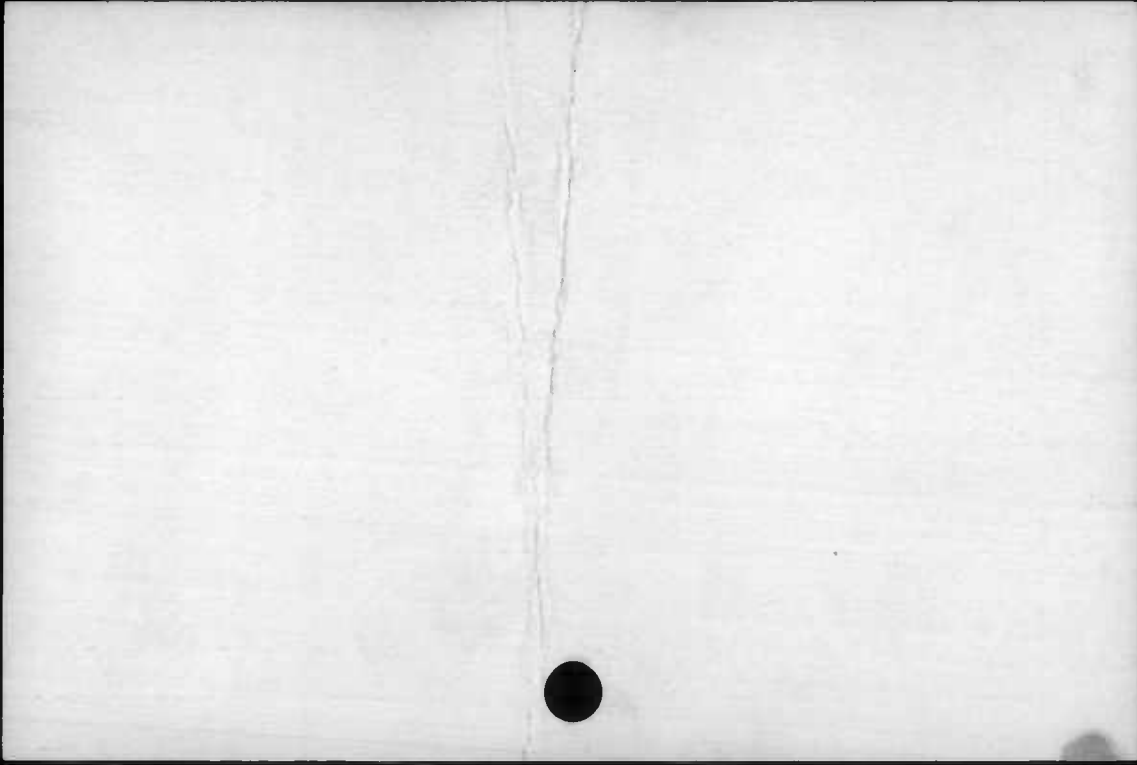
Died at		Town Stalkersville		County Frederick		MARYLAND	
Date of death 1909		Month March	Day 20	Age about 62		Years not known exactly	Months Days
Sex Male		Color or Race Colored		Birth- place Frederick, Md.			
Married, Single or Widowed		Married		Occupation Farm hand			
Name of Wife or Husband		Martha Cook					
Father's Name		Peter Cook				Father's Birthplace Carroll County	
Mother's Maiden Name		Not known				Mother's Birthplace Not known	
Name of person giving Information		John Cook					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Dropsy	How long	1 1/2 yrs.
Immediate	Heart disease	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		John L. Remsburg	
Address		Stalkersville Maryland	
Accident or Suicide?		—	



Name
in
Full

George H. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

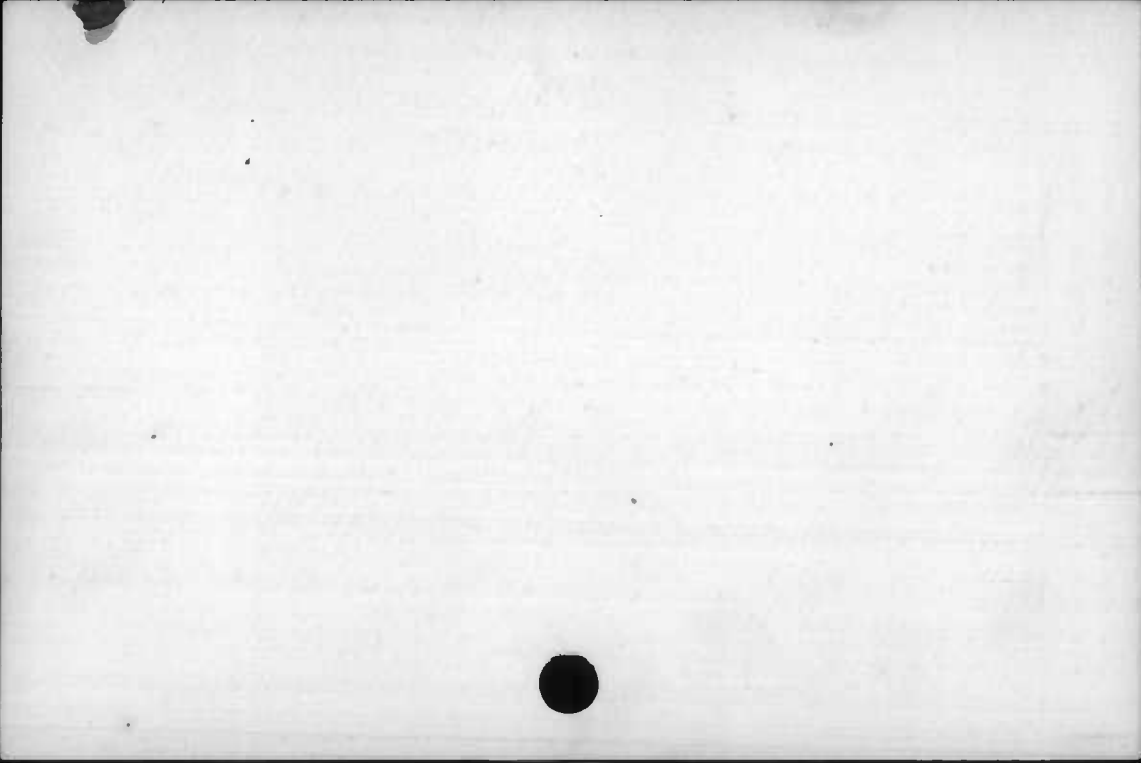
Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1909	Month	3	Day	31	Age	62
Sex	Male		Color or Race	White		Birthplace	<i>Germany</i>
Occupation	<i>Retired Wood Turner</i>			Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single	Name of Wife or Husband			<i>Virginia Michael</i>			
Father's Name	<i>Casper Brown</i>			Father's Birthplace <i>Germany</i>			
Mother's Maiden Name	<i>Christina Schmidt</i>			Mother's Birthplace <i>Germany</i>			
Name of person giving information	<i>Fanny Record</i>			How related to deceased			

CAUSES OF DEATH

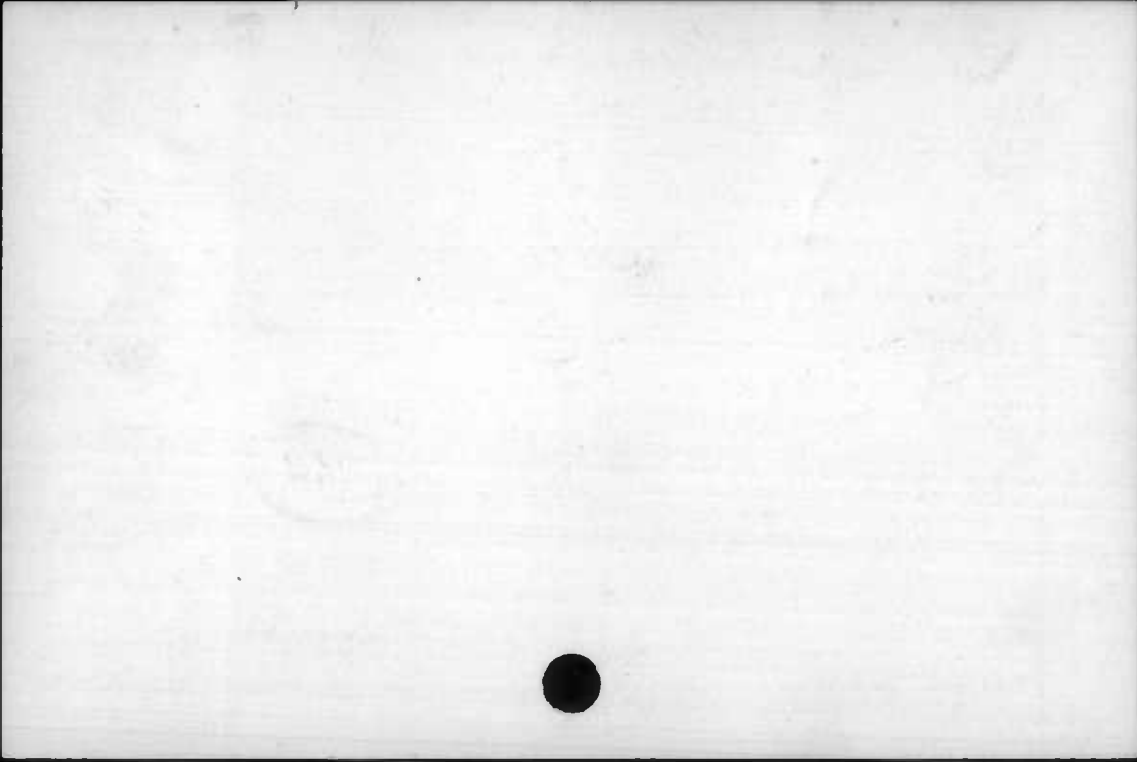
79

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long	<i>5 Yrs</i>
Immediate	<i>Paralysis of Valves of Heart</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Chas. F. Groden, M.D.</i>	
		Address	
		<i>Frederick, Md.</i>	
Accident or Suicide?			
<i>X</i>			



Name in Full		Catherine Diehl				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Johnsville	County Frederick		MARYLAND	
	Date of death	1909	Month Mch	Day 15	Age 85	Months 3	Days 2
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		Maryland	
	Married, Single or Widowed	Single		Name of Wife or Husband		Moses Diehl (De'd)	
	Father's Name	Jacob Hyder		Father's Birthplace		Maryland	
	Mother's Maiden Name	Sarah Lightner		Mother's Birthplace		Maryland	
Name of person giving information		Jacob Diehl		How related to deceased		Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Paralysis of Brain				How long	About 1 week
	Immediate	Cerebral Coma				How long	About 5 days
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				F. H. Sidwell		
	Address				Johnsville, Md.		
Accident or Suicide?							



Name
in
Full

William Diggs

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Bartonsville

Fredericks

Date

of death 1909

Month

3

Day

6

Years

1

Age

Months

0

Days

2

Sex

Male

Color or
Race

Black

Birth-
place

Bartonsville

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Charles Knight (?)

Father's
Birthplace

Fredericks

Mother's
Maiden Name

Althea Diggs

Mother's
Birthplace

" " "

Name of person giving
Information

Geo. Little

How related
to deceased

Uncle

CAUSES OF DEATH

93

Primary

Pneumonia

How long

1 week

Immediate

Asthma

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. M. Bundy

Accident or Suicide

~~~~~

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Mar 8 - 1909

" at Bartonsvillle Cemetery

Thomas F. Rice F. & D.

(Family in charge)

Dr McCreedy.

---

also Goodell,

---



Name  
in  
Full

Sarah A. Doub

## CERTIFICATE OF DEATH

Died at Meyersville

Town

Fried

County

MARYLAND

Date of death 1909

Month

Mar.

Day

5

Age

Years

70

Months

10

Days

10

Sex

Female

Color or  
Race

White

Birth-  
place

Fried Co.

Occupation

Housekeeping

Where Residing if not  
at place of death

Meyersville

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Fannie Doub

Father's  
Name

Conrad Beachley

Father's  
Birthplace

Fried Co.

Mother's  
Maiden Name

Susanna Lriebaugh

Mother's  
Birthplace

Fried Co

Name of person giving  
Information

Fannie Doub

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Paraplegia

How long

1 year

Immediate

Pul. Congestion

How long

week

Are the name, age, sex, color, date  
and place correctly given above?

yes

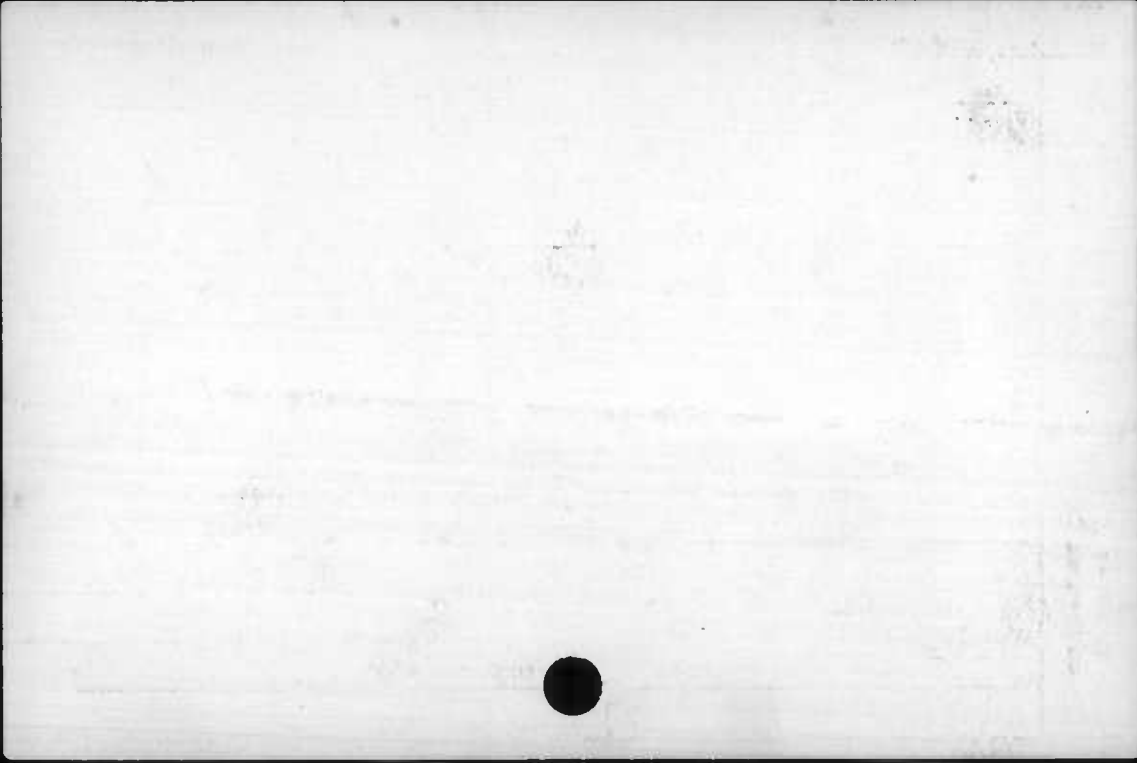
Signature of  
Physician

Address

S. S. Davis  
Riversboro

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Margaret Dunovin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

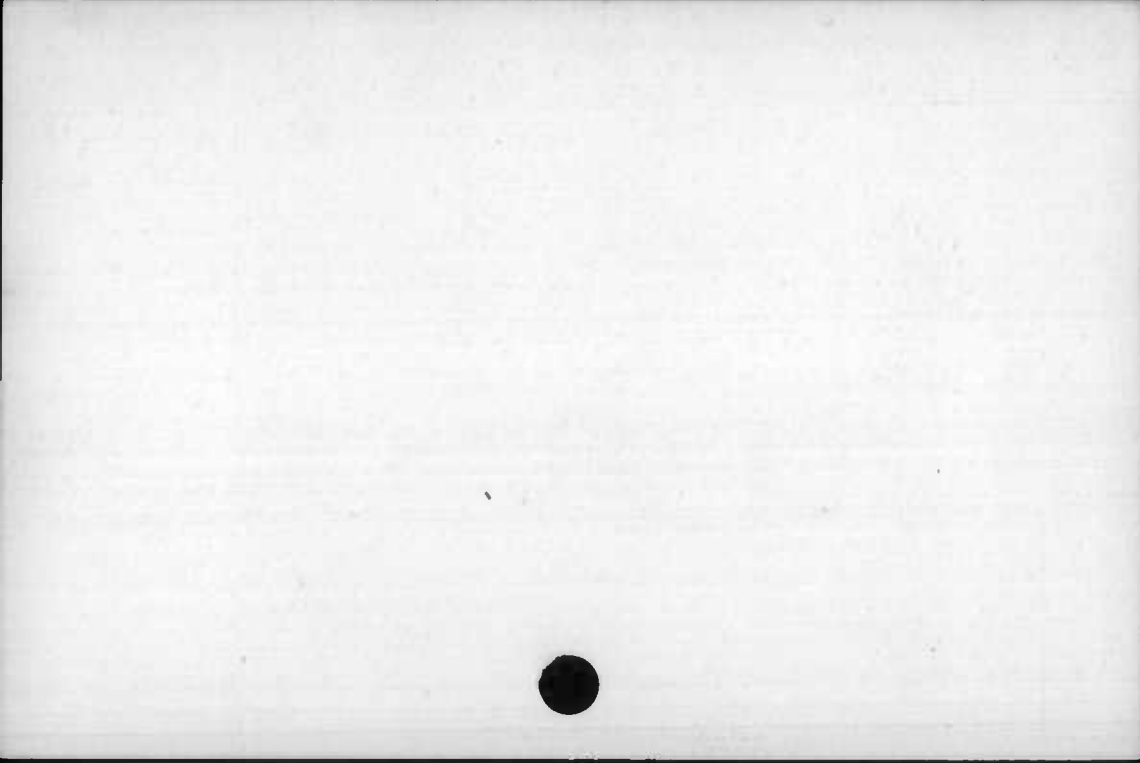
|                                                            |                               |                        |                                                |                  |                                      |
|------------------------------------------------------------|-------------------------------|------------------------|------------------------------------------------|------------------|--------------------------------------|
| Died at <i>Pearl</i> Town                                  |                               | <i>Indenick</i> County |                                                | MARYLAND         |                                      |
| Date of death                                              | <i>1909</i>                   | Month<br><i>3</i>      | Day<br><i>20</i>                               | Age<br><i>81</i> | Months<br><i>1</i> Days<br><i>10</i> |
| Sex<br><i>Female</i>                                       | Color or Race<br><i>White</i> |                        | Birth-place<br><i>Indenick Co. Md.</i>         |                  |                                      |
| Occupation<br><i>Retired Housekeeper</i>                   |                               |                        | Where Residing if not at place of death<br>—   |                  |                                      |
| Married, Single or Widowed<br><i>Single</i>                | Name of Wife or Husband<br>—  |                        |                                                |                  |                                      |
| Father's Name<br><i>Thomas Dunovin</i>                     |                               |                        | Father's Birthplace<br><i>Indenick Co. Md.</i> |                  |                                      |
| Mother's Maiden Name<br><i>Catharine Eckman</i>            |                               |                        | Mother's Birthplace<br>" "                     |                  |                                      |
| Name of person giving information<br><i>Louise Dunovin</i> |                               |                        | How related to deceased<br><i>Sister</i>       |                  |                                      |

## CAUSES OF DEATH

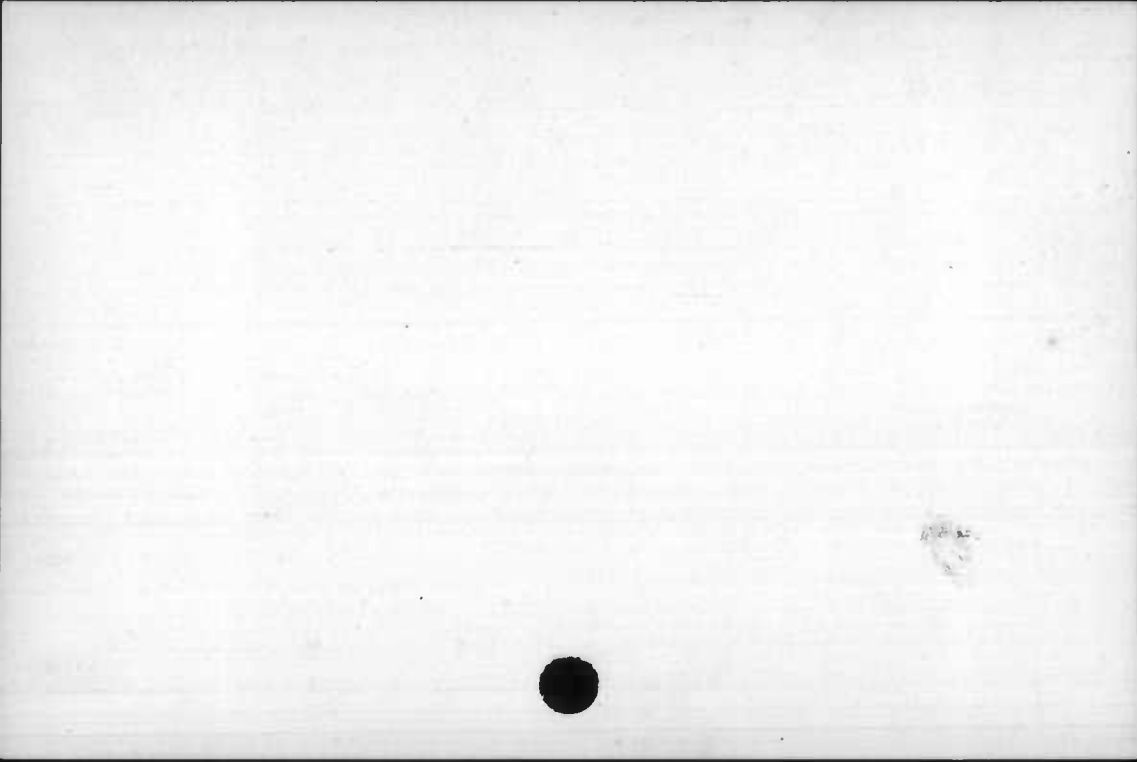
104

PHYSICIAN  
OR CORONER

|                                                                                    |                                                           |
|------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Primary<br><i>Attack of Stomach</i>                                                | How long<br><i>2 or 3 yrs</i>                             |
| Immediate<br><i>Exhaustion</i>                                                     | How long                                                  |
| Are the name, age, sex, color, date and place correctly given above?<br><i>Yes</i> | Signature of Physician<br><i>C. F. Goodenow</i>           |
|                                                                                    | Address<br><i>Co. District Officer<br/>Frederick, Md.</i> |
| Accident or Suicide?<br><i>No</i>                                                  |                                                           |



|                                                      |                                                                                          |                                              |                                                 |
|------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------|
| Name in Full<br><b>Laura B. Dwen</b>                 |                                                                                          | CERTIFICATE OF DEATH                         |                                                 |
| TO BE ANSWERED BY<br>NEAREST FRIEND                  | Died at <b>Dean Mt. St. Marys</b> <small>Town</small>                                    |                                              | <b>Frederick</b> <small>County</small>          |
|                                                      | Date of death <b>1904</b> <small>Month</small> <b>March</b> <small>Day</small> <b>30</b> |                                              | <b>83</b> <small>Years</small>                  |
|                                                      | Sex <b>Female</b>                                                                        |                                              | Color or Race <b>White</b>                      |
|                                                      | Occupation <b>None</b>                                                                   |                                              | Birth-place <b>Emmitsburg Md</b>                |
|                                                      | Where Residing if not at place of death                                                  |                                              |                                                 |
|                                                      | Married, Single or Widowed <b>Widowed</b>                                                |                                              | Name of Wife or Husband <b>James A. Dwen</b>    |
|                                                      | Father's Name <b>Augustus Taney</b>                                                      |                                              | Father's Birthplace <b>Calvert County Md</b>    |
| Mother's Maiden Name <b>Juliet Solleys</b>           |                                                                                          | Mother's Birthplace <b>Calvert County Md</b> |                                                 |
| Name of person giving information <b>Lelia Taney</b> |                                                                                          | How related to deceased <b>Niece</b>         |                                                 |
| CAUSES OF DEATH                                      |                                                                                          |                                              |                                                 |
| PHYSICIAN<br>OR CORONER                              | Primary <b>General debility</b>                                                          |                                              | <b>1574</b><br>How long <b>2 yrs or more</b>    |
|                                                      | Immediate <b>Ceased breathing</b>                                                        |                                              | How long <b>✓</b>                               |
|                                                      | Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>          |                                              | Signature of Physician <b>W. E. Schellenger</b> |
|                                                      |                                                                                          |                                              | Address <b>Emmitsburg Maryland</b>              |
|                                                      | Accident or Suicide?                                                                     |                                              |                                                 |



Name  
in  
Full

CERTIFICATE OF DEATH

Robert E. Fleming  
Died at *Near Grdenich, Grdenich* County *Grdenich*

MARYLAND

Date of death *1909* Month *March* Day *8th* Age *60* Years Months *1* Days *24*

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Laborer* Where Residing if not at place of death *Place of death*

Married, Single or Widowed *Widower* Name of Wife or ~~Husband~~ *Don't know*

Father's Name *Dr. Thomas A. Fleming* Father's Birthplace *Md.*

Mother's Maiden Name *Mrs. [unclear]* Mother's Birthplace *Md.*

Name of person giving information *My personal knowledge* How related to deceased *not related*

CAUSES OF DEATH

120

Primary *Chronic Bright's disease of heart & kidneys*  
*As the cause*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

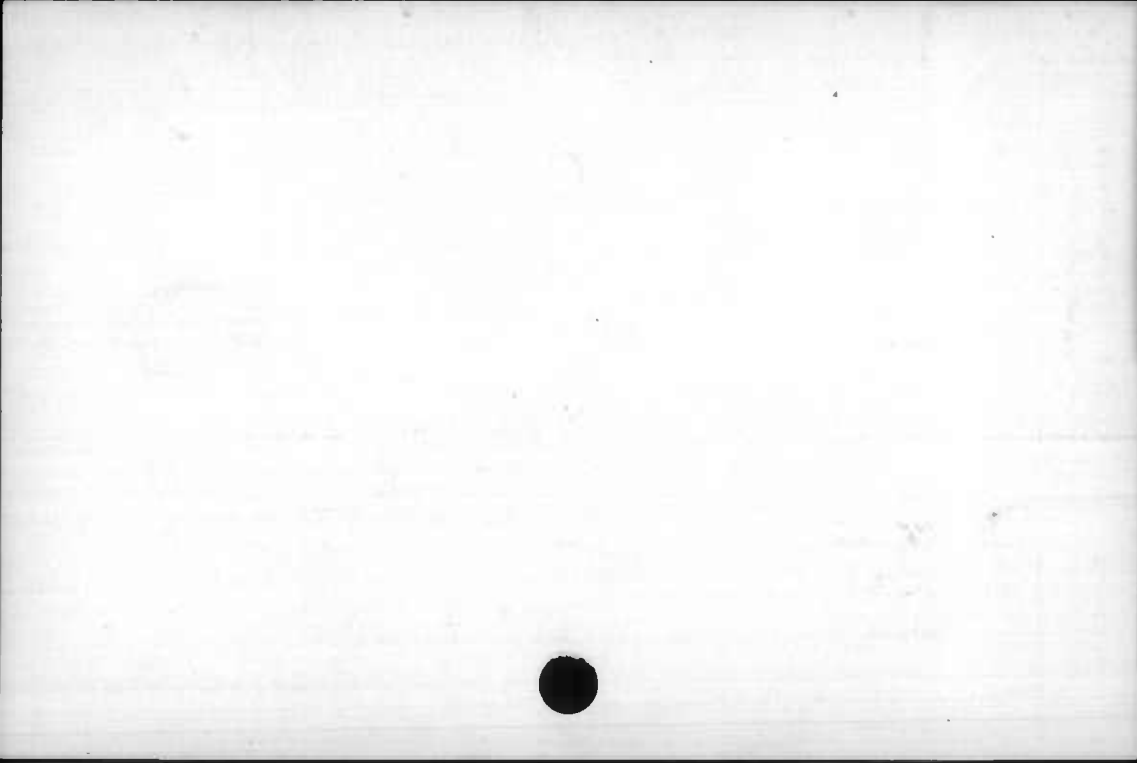
Address

*S. V. Laquer, Md.*  
*Grdenich, Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Mary J. Gerrans

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                             |                                                               |                                       |                                |          |      |
|-------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------|--------------------------------|----------|------|
| Died at <i>near Thurston</i> <small>Town</small>            |                                                               | <i>Fredrick</i> <small>County</small> |                                | MARYLAND |      |
| Date of death <b>1909</b>                                   | Month <i>March</i>                                            | Day <i>first</i>                      | Years <i>83</i>                | Months   | Days |
| Sex <i>Female</i>                                           | Color or Race <i>White</i>                                    |                                       | Birth-place <i>Wales, Eng.</i> |          |      |
| Occupation <i>Retired</i>                                   | Where Residing if not at place of death <i>near Thurston.</i> |                                       |                                |          |      |
| Married, Single or Widowed <i>Widow</i>                     | Name of Wife or Husband <i>Charles Gerrans</i>                |                                       |                                |          |      |
| Father's Name <i>William Morgan</i>                         | Father's Birthplace <i>Wales, Eng.</i>                        |                                       |                                |          |      |
| Mother's Maiden Name <i>Margaret Jones</i>                  | Mother's Birthplace <i>Wales, Eng.</i>                        |                                       |                                |          |      |
| Name of person giving information <i>John Morgan Thomas</i> | How related to deceased <i>Aunt</i>                           |                                       |                                |          |      |

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

|                                                                                 |                                                              |
|---------------------------------------------------------------------------------|--------------------------------------------------------------|
| Primary <i>Old Age</i>                                                          | How long <i>over three years</i>                             |
| Immediate <i>Heart Failure</i>                                                  | How long <i>Sudden</i>                                       |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Thomas Cornwall, Sub Registrar</i> |
|                                                                                 | Address <i>Araby, R.F.D. 21, Fred Co., Md.</i>               |
| Accident or Suicide?                                                            |                                                              |



Name  
in  
Full

Lucena V. Gosnell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Frederick* TownCounty *Frederick*

MARYLAND

Date of death *1904* Month *March* Day *21*Age *28* Years

Months

Days *8*Sex *Female*Color or Race *white*Birth-place *Frederick Md*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name *William D. Gosnell*Father's Birthplace *Frederick Md.*Mother's Maiden Name *Mary Michael*Mother's Birthplace *Frederick Co.*Name of person giving information *J. DeRoeder*How related to deceased *Not at all*

## CAUSES OF DEATH

151

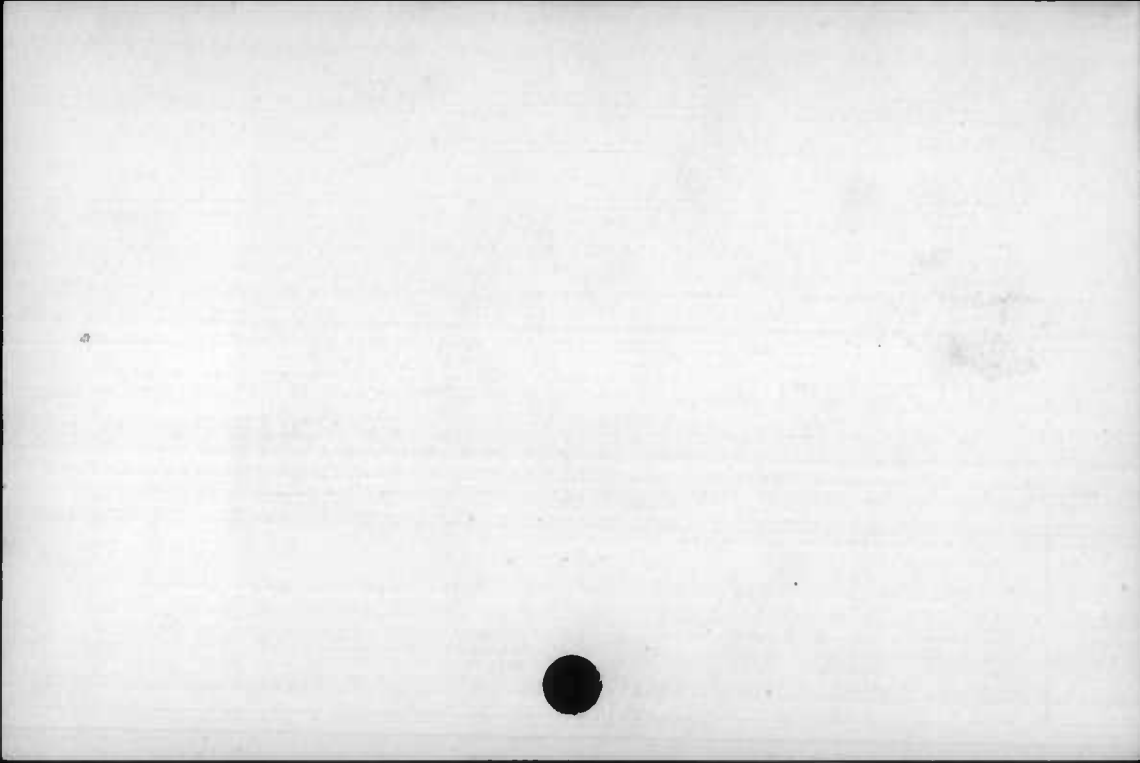
PHYSICIAN  
OR CORONERPrimary *Premature birth.*How long *8 days*Immediate *Exhaustion*How long *8 day*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. M. Goodman*

Address

Accident or Suicide?



Name  
In  
Full

## CERTIFICATE OF DEATH

Julia Lauzetta Guyton

Town

County

Died at Near Broad Run

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

8

5

Age

10

24

Sex

Female

Color or  
Race

White

Birth-  
place

Near Broad Run

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Elmer E. Guyton

Father's  
BirthplaceNear  
BushittsvilleMother's  
Maiden Name

Mamie R. Haught.

Mother's  
BirthplaceNear  
Broad RunName of person giving  
In formation

Elmer E. Guyton

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Broncho Pneumonia

How long

10 days

Immediate

Asthma

How long

8 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

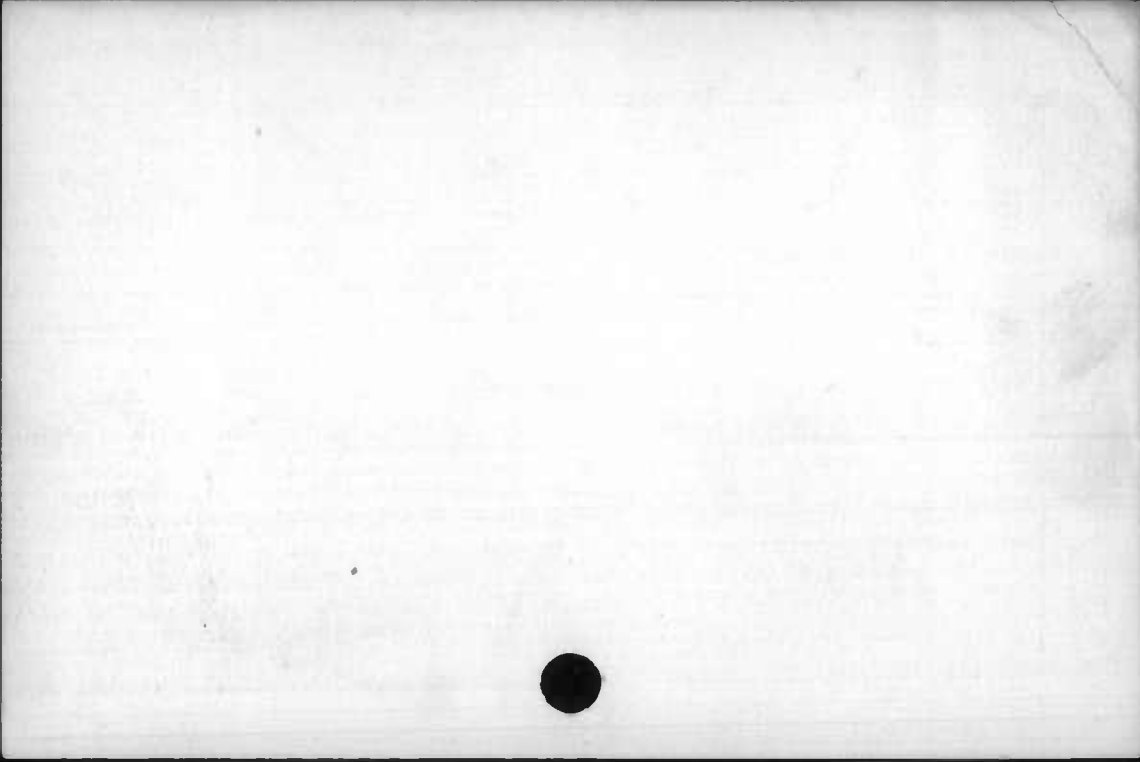
George Youster

Address

Bushittsville Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Solomon Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at *Montenue Hospital* *Frederick* County **MARYLAND**

Date of death 190 *9* Month *March* Day *31* Age *80* Years Months Days

Sex *Male* Color or Race *white* Birth-place *unknown*

Occupation *unknown* Where Residing if not at place of death

Marriad, Single or Widowed *unknown* Name of Wife or Husband *unknown*

Father's Name *unknown* Father's Birthplace *unknown*

Mothar's Maiden Name *unknown* Mothar's Birthplace *unknown*

Name of person giving Information How related to deceased *None*

## CAUSES OF DEATH

154

Primary *Sensibility* How long *1 yr*

Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *yes*

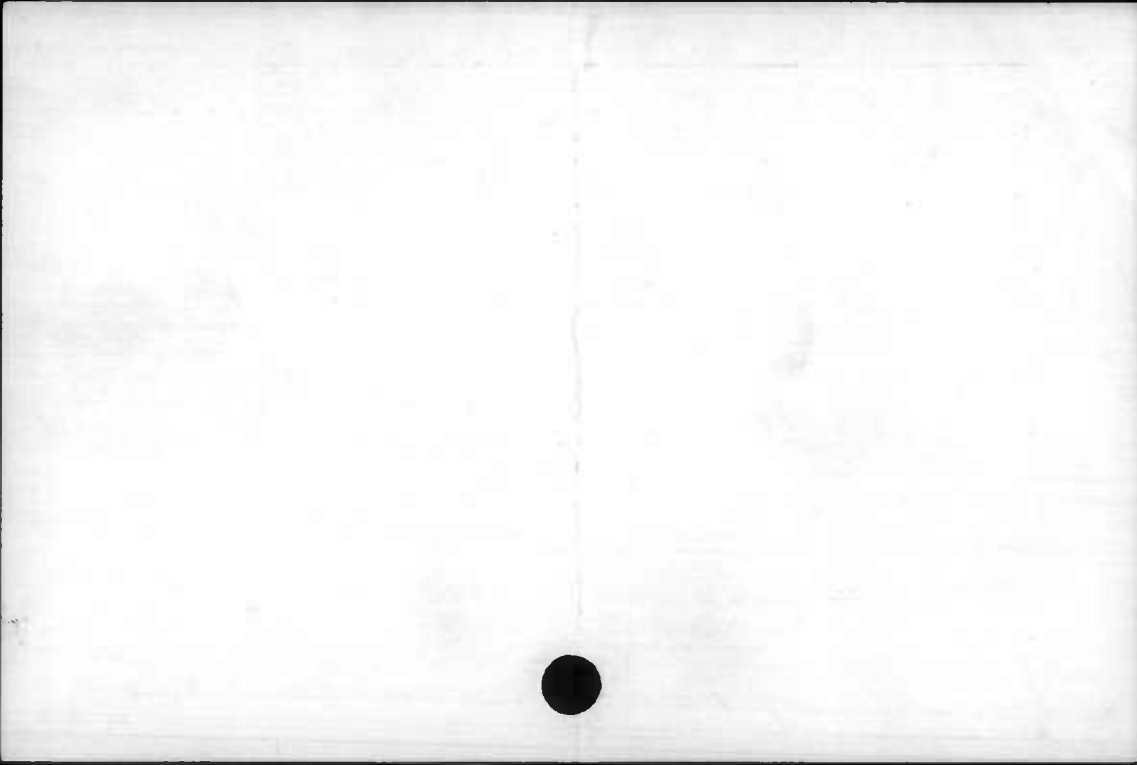
Signature of Physician

Address

*R. L. Pyson*  
*Frederick*  
*M.D.*

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Annie C. Hanes, No. 7

CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Monrovia* <sup>County</sup> *Fredericks* **MARYLAND**

Date of death *1909* <sup>Month</sup> *3* <sup>Day</sup> *23* <sup>Years</sup> *37* <sup>Months</sup>  <sup>Days</sup>

Sex *Female* Color or Race *White* Birth-place *Montgomery Co*

Occupation *none* Where Residing if not at place of death

Married, ~~Single~~ *Married* Name of Wife or Husband *John W. Hanes*

Father's Name *John W. C. Stewart* Father's Birthplace *Montgomery Co*

Mother's Maiden Name *Mary R. Mullineaux* Mother's Birthplace *Howard Co*

Name of person giving information *John W. Hanes* How related to deceased *Husband*

*Peritonitis was not of  
bacterial origin.*

## CAUSES OF DEATH

116

Primary *Peritonitis & Pneumonia* How long *5-2 hour*

Immediate *Exhaustion and probably Cardiac paralysis* How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

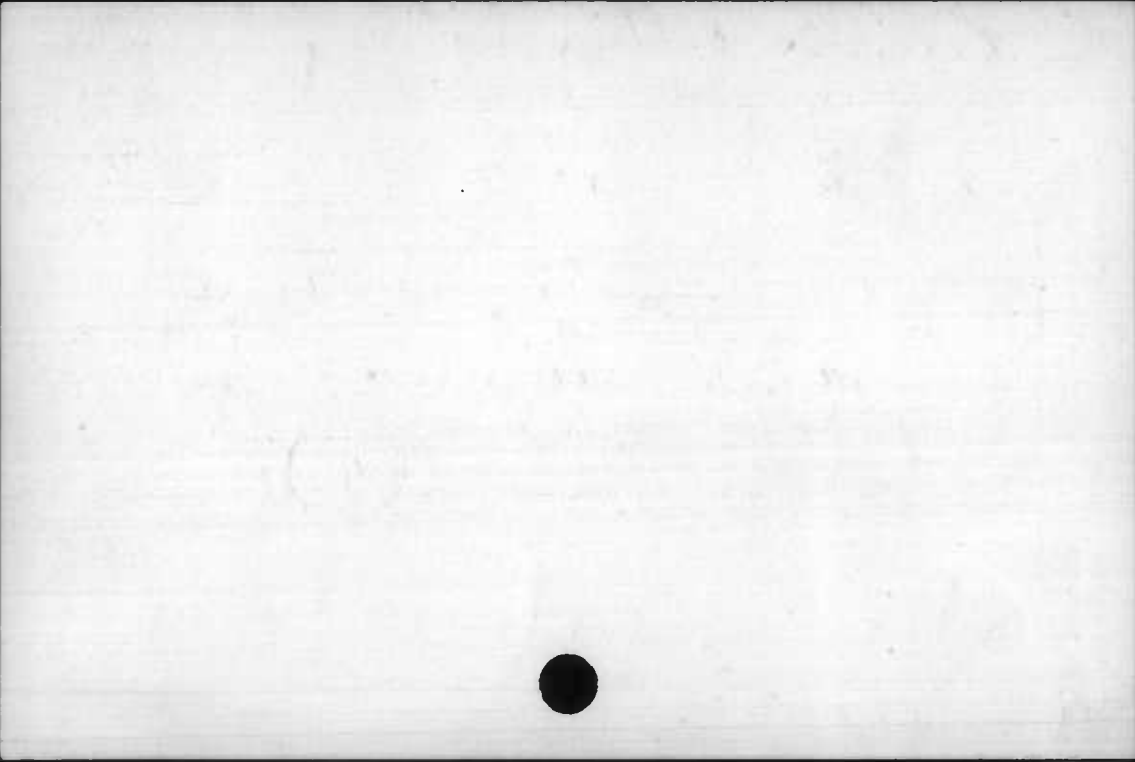
Address

*R. C. Fort M D*  
*Kemp town*

Accident or Suicide?

Ind-

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

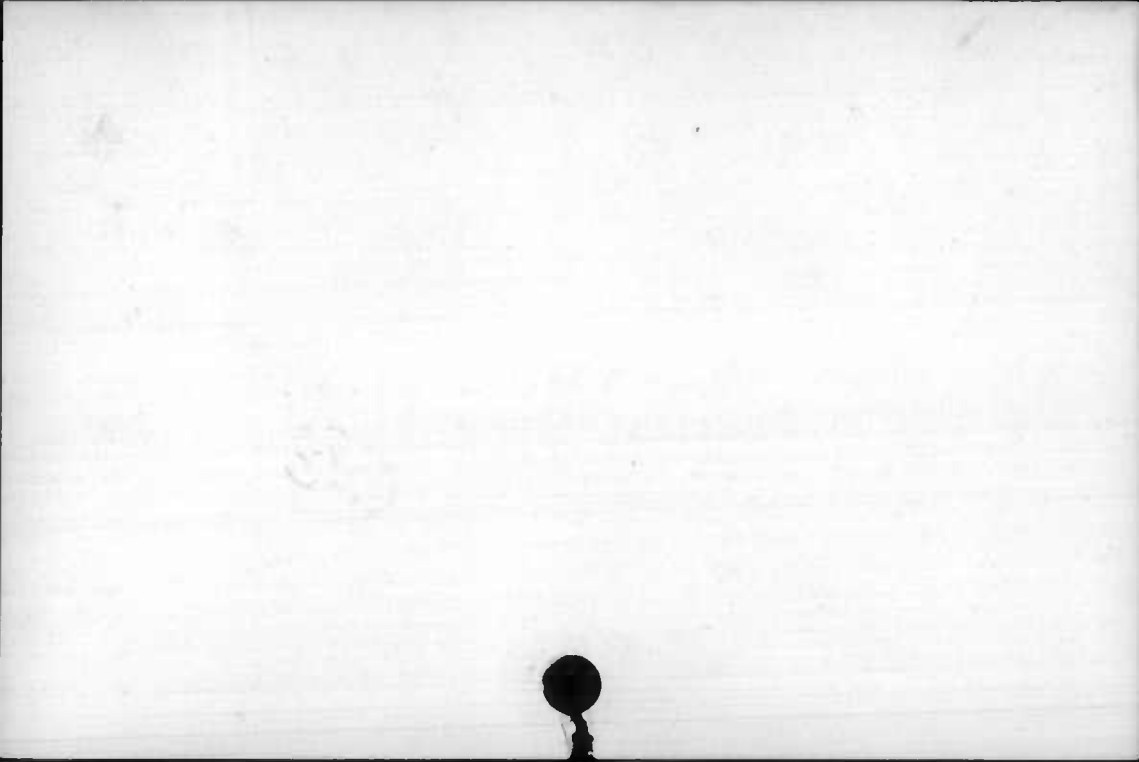
|                                                      |  |                                                                  |  |                                 |  |                |  |
|------------------------------------------------------|--|------------------------------------------------------------------|--|---------------------------------|--|----------------|--|
| Name in Full <i>Catharine A. Harbaugh</i>            |  | Town <i>Sabillasville</i>                                        |  | County <i>Frederick</i>         |  | MARYLAND       |  |
| Died at <i>Sabillasville</i>                         |  |                                                                  |  |                                 |  |                |  |
| Date of death <i>1909 March 23</i>                   |  | Age <i>68</i>                                                    |  | Months <i>3</i>                 |  | Days <i>27</i> |  |
| Sex <i>Female</i>                                    |  | Color or Race <i>White</i>                                       |  | Birth-place <i>Frederick Co</i> |  |                |  |
| Occupation <i>Housewife</i>                          |  | Where Residing if not at place of death <i>at place of death</i> |  |                                 |  |                |  |
| Married, Single or Widowed <i>Married</i>            |  | Name of Wife or Husband <i>Oliver S. Harbaugh</i>                |  |                                 |  |                |  |
| Father's Name <i>John Mc Lain</i>                    |  | Father's Birthplace <i>Frederick Co</i>                          |  |                                 |  |                |  |
| Mother's Maiden Name <i>Susan Harbaugh</i>           |  | Mother's Birthplace <i>Frederick Co</i>                          |  |                                 |  |                |  |
| Name of person giving information <i>C. N. Stein</i> |  | How related to deceased <i>No relation</i>                       |  |                                 |  |                |  |

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

|                                                                      |                                                    |
|----------------------------------------------------------------------|----------------------------------------------------|
| Primary <i>Diabetes</i>                                              | How long <i>several years</i>                      |
| Immediate <i>"</i>                                                   | How long                                           |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician                             |
|                                                                      | Address <i>C. L. Wachter<br/>Sabillasville Md.</i> |
| Accident or Suicide?                                                 |                                                    |



Name  
in  
Full

Naomi Bell Harbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

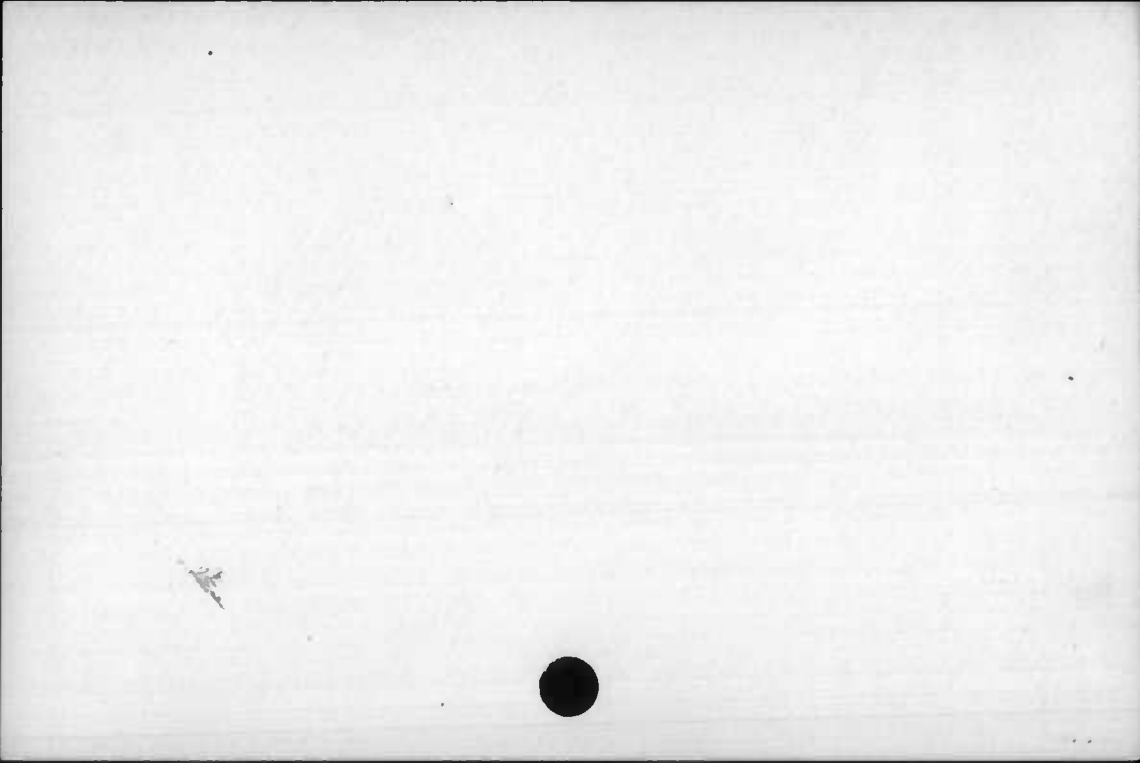
|                                                              |                               |                                         |                                                                  |                            |                           |
|--------------------------------------------------------------|-------------------------------|-----------------------------------------|------------------------------------------------------------------|----------------------------|---------------------------|
| Died at <i>Sabillasville</i> <sup>Town</sup>                 |                               | <i>Frederick</i> <sup>County</sup>      |                                                                  | MARYLAND                   |                           |
| Date of death <i>1909</i>                                    | <i>March</i> <sup>Month</sup> | <i>2nd</i> <sup>Day</sup>               | Age                                                              | <i>1</i> <sup>Months</sup> | <i>19</i> <sup>Days</sup> |
| Sex <i>Female</i>                                            | Color or Race <i>White</i>    |                                         | Birth-place <i>Sabillasville Md</i>                              |                            |                           |
| Occupation _____                                             |                               |                                         | Where Residing if not at place of death <i>at place of death</i> |                            |                           |
| Married, Single or Widowed _____                             |                               | Name of Wife or Husband _____ <i>Md</i> |                                                                  |                            |                           |
| Father's Name <i>Maurice G. Harbaugh</i>                     |                               |                                         | Father's Birthplace <i>Frederick Co</i>                          |                            |                           |
| Mother's Maiden Name <i>Maggie B. Harding Brown</i>          |                               |                                         | Mother's Birthplace <i>Washington Co</i>                         |                            |                           |
| Name of person giving information <i>Maurice G. Harbaugh</i> |                               |                                         | How related to deceased <i>Father</i>                            |                            |                           |

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

|                                                                      |                                             |
|----------------------------------------------------------------------|---------------------------------------------|
| Primary <i>Pneumonia</i>                                             | How long <i>1 week</i>                      |
| Immediate <i>Convulsions</i>                                         | How long <i>1 day</i>                       |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>C. L. Wachter</i> |
|                                                                      | Address <i>Sabillasville Md</i>             |
| Accident or Suicide?                                                 |                                             |



Name  
in Full

Martha Ellen Harman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

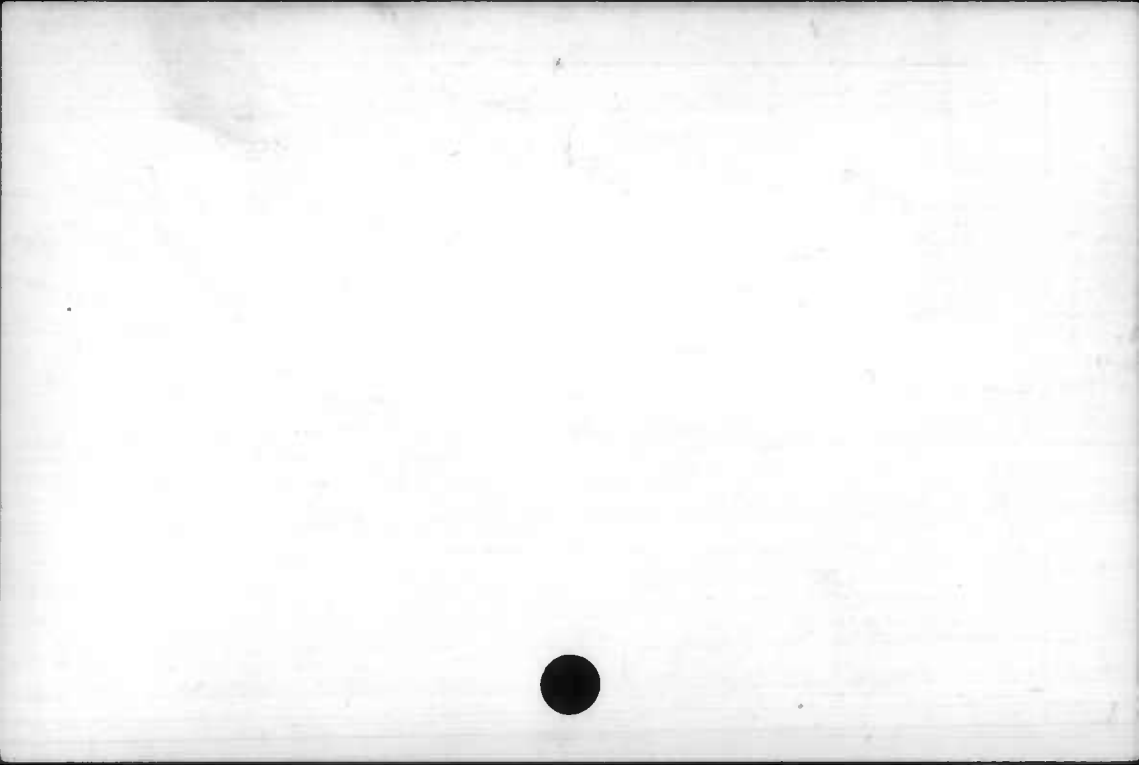
|                                                                                                                     |                                                                    |                         |                                                                                |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------|
| Died <input checked="" type="checkbox"/> Year <u>Unionbridge</u> <sup>Town</sup> <u>Frederick</u> <sup>County</sup> |                                                                    | MARYLAND                |                                                                                |
| Date of death                                                                                                       | 190 <u>9</u> <sup>Month</sup> <u>March</u> <sup>Day</sup> <u>7</u> | Age                     | <u>52</u> <sup>Years</sup> <u>4</u> <sup>Months</sup> <u>4</u> <sup>Days</sup> |
| Sex                                                                                                                 | <u>Female</u>                                                      | Color or Race           | <u>White</u>                                                                   |
| Occupation                                                                                                          | <u>Housewife</u>                                                   | Birth-place             | <u>Carrsboro Ind</u>                                                           |
| Where Residing if not at place of death                                                                             |                                                                    |                         |                                                                                |
| Married, Single or Widowed                                                                                          | <u>Married</u>                                                     | Name of Wife or Husband | <u>B. F. Harman</u>                                                            |
| Father's Name                                                                                                       | <u>John. Baird</u>                                                 | Father's Birthplace     | <u>Unknown</u>                                                                 |
| Mother's Maiden Name                                                                                                | <u>Annie Campbell</u>                                              | Mother's Birthplace     | <u>1</u>                                                                       |
| Name of person giving Information                                                                                   | <u>B. F. Harman</u>                                                | How related to deceased | <u>Husband</u>                                                                 |

## CAUSES OF DEATH

27

|                                                                      |                               |                        |                   |
|----------------------------------------------------------------------|-------------------------------|------------------------|-------------------|
| Primary                                                              | <u>Pulmonary Tuberculosis</u> | How long               | <u>unknown</u>    |
| Immediate                                                            | <u>Pulmonary Hemorrhage</u>   | How long               | <u>unknown</u>    |
| Are the name, age, sex, color, date and place correctly given above? | <u>yes</u>                    | Signature of Physician | <u>J. H. Legg</u> |
|                                                                      |                               | Address                |                   |
| Accident or Suicide                                                  | <u>no</u>                     |                        |                   |

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

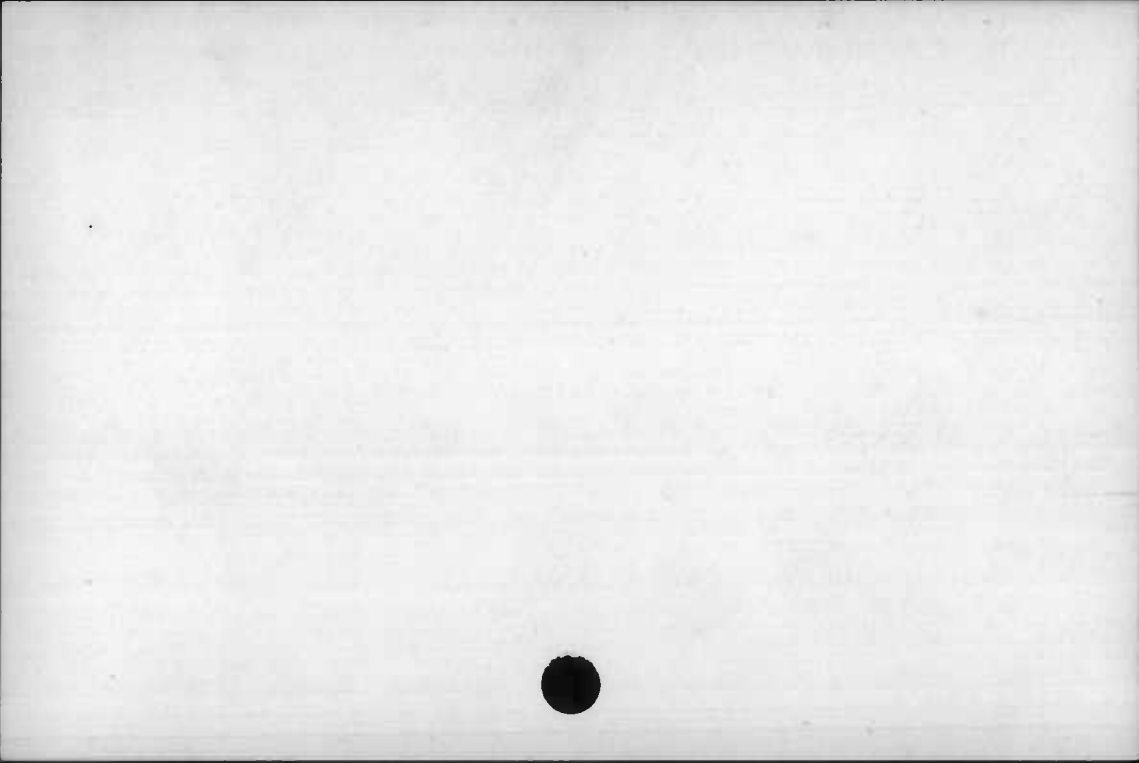
|                                                              |  |                                              |  |                                                  |  |                                       |  |
|--------------------------------------------------------------|--|----------------------------------------------|--|--------------------------------------------------|--|---------------------------------------|--|
| Name in Full <i>Benjamin Rudolph Harris</i>                  |  | Town <i>Bantousville</i>                     |  | County <i>Frederick</i>                          |  | STATE <i>MARYLAND</i>                 |  |
| Died at <i>Bantousville</i>                                  |  | Date of death <i>1909</i>                    |  | Month <i>March</i>                               |  | Day <i>19</i>                         |  |
| Sex <i>Male</i>                                              |  | Color or Race <i>white</i>                   |  | Age <i>19</i>                                    |  | Years <i>16</i> Months <i>16</i> Days |  |
| Birth-place <i>Bantousville Md.</i>                          |  | Occupation <i>—</i>                          |  | Where Residing if not at place of death <i>—</i> |  |                                       |  |
| Married, Single or Widowed <i>—</i>                          |  | Name of Wife or Husband <i>—</i>             |  |                                                  |  |                                       |  |
| Father's Name <i>Howard L. Harris</i>                        |  | Father's Birthplace <i>W. Va.</i>            |  |                                                  |  |                                       |  |
| Mother's Maiden Name <i>Mary C. Phelps</i>                   |  | Mother's Birthplace <i>Frederick Co. Md.</i> |  |                                                  |  |                                       |  |
| Name of person giving information <i>Frederick M. Knoble</i> |  | How related to deceased <i>Not at all</i>    |  |                                                  |  |                                       |  |

## CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

|                                                                      |                                             |
|----------------------------------------------------------------------|---------------------------------------------|
| Primary <i>Pulmonary Congestion</i>                                  | How long <i>few hours</i>                   |
| Immediate <i>Asphyxia</i>                                            | How long <i>short while</i>                 |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>J. M. Goodman</i> |
|                                                                      | Address <i>—</i>                            |
| Accident or Suicide? <i>—</i>                                        |                                             |



Name  
in  
Full

Batharine Nickle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                       |                     |                   |                            |                                            |    |                            |               |
|---------------------------------------|---------------------|-------------------|----------------------------|--------------------------------------------|----|----------------------------|---------------|
| Died at                               |                     | Town<br>Frederick |                            | County<br>Frederick                        |    | MARYLAND                   |               |
| Date<br>of death                      | 1909                | Month<br>Mch.     | Day<br>21                  | Age<br>Years                               | 79 | Months                     | 8             |
| Sex                                   | Female              |                   | Color or<br>Race           | white                                      |    | Birth-<br>place            | Prick Co. Md. |
| Occupation                            | Invalid             |                   |                            | Where Residing if not<br>at place of death |    |                            |               |
| Married, Single<br>or Widowed         | Single              |                   | Name of Wife or<br>Husband |                                            |    |                            |               |
| Father's<br>Name                      | George Nickle       |                   |                            |                                            |    | Father's<br>Birthplace     | Prick Co. Md. |
| Mother's<br>Maiden Name               | Batharine Schaeffer |                   |                            |                                            |    | Mother's<br>Birthplace     | Prick Co. Md. |
| Name of person giving<br>In formation | Mrs. W. M. P. Davis |                   |                            |                                            |    | How related<br>to deceased | Niece         |

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

|                                                                         |                        |                     |                |
|-------------------------------------------------------------------------|------------------------|---------------------|----------------|
| Primary                                                                 | Heart & Kidney lesions | How long            | Some years     |
| Immediate                                                               | General Asthenia       | How long            | Several months |
| Are the name, age, sex, color, date<br>and place correctly given above? |                        | Yes                 |                |
| Signature of<br>Physician                                               |                        | J. H. Needham, M.D. |                |
| Address                                                                 |                        | Frederick, Md.      |                |
| Accident or Suicide?                                                    |                        |                     |                |

Interment Mar 23—1909

" at Doub's Cemetery

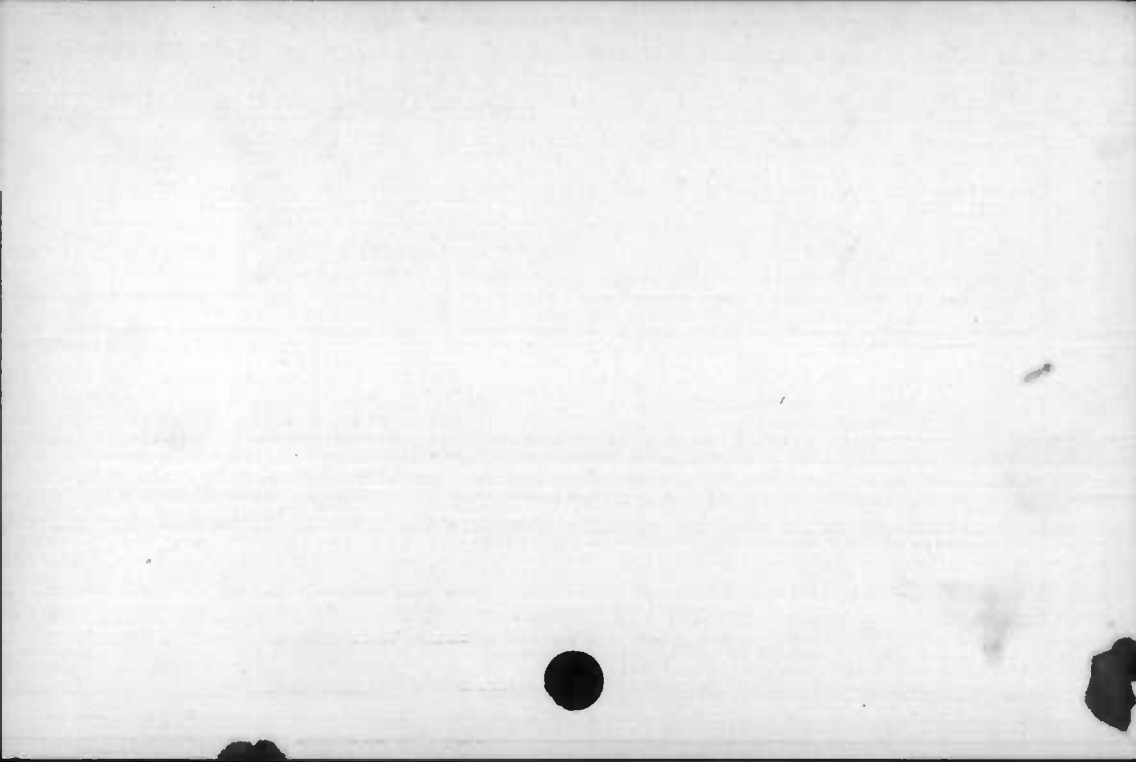
Thomas P. Rice F. & O.

Dr Hendrix  
— — — —

Dr McCondy  
— — — —

Dr Goodell

|                                                                  |                                                                             |                                                 |                                                    |
|------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------|
| Name in Full<br><b>Mrs Wm A Horner</b>                           |                                                                             | CERTIFICATE OF DEATH                            |                                                    |
| TO BE ANSWERED BY<br>NEAREST FRIEND                              | Died at <b>Brunswick</b> Town                                               |                                                 | <b>Fredrick</b> County                             |
|                                                                  | Date of death <b>1909</b> Month <b>March</b> Day <b>17</b>                  |                                                 | Age <b>84</b> Years Months <b>6</b> Days <b>21</b> |
|                                                                  | Sex <b>Female</b>                                                           | Color or Race <b>White</b>                      | Birth-place <b>Maryland</b>                        |
|                                                                  | Occupation <b>None</b>                                                      | Where Residing if not at place of death         |                                                    |
|                                                                  | Married, Single, or Widowed <b>Widowed</b>                                  | Name of Wife or Husband <b>Henry Horner</b>     |                                                    |
|                                                                  | Father's Name <b>James Daphoff</b>                                          | Father's Birthplace <b>Maryland</b>             |                                                    |
|                                                                  | Mother's Maiden Name <b>Annie Low</b>                                       | Mother's Birthplace <b>Maryland</b>             |                                                    |
| Name of person giving information <b>Mrs Cora Horner Complin</b> |                                                                             | How related to deceased <b>Sister Daphoff</b>   |                                                    |
| CAUSES OF DEATH                                                  |                                                                             |                                                 |                                                    |
| PHYSICIAN<br>OR CORONER                                          | Primary <b>Brunchitis</b>                                                   | How long <b>4 weeks</b>                         |                                                    |
|                                                                  | Immediate <b>Exhaustion</b>                                                 | How long <b>5 days</b>                          |                                                    |
|                                                                  | Are name, age, sex, color, date and place correctly given above? <b>Yes</b> | Signature of Physician <b>R. S. Hester M.D.</b> |                                                    |
|                                                                  | Address <b>Brunswick Md</b>                                                 |                                                 |                                                    |
| Accident or Suicide?                                             |                                                                             |                                                 |                                                    |



Name  
in  
Full

Isaac Struck

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

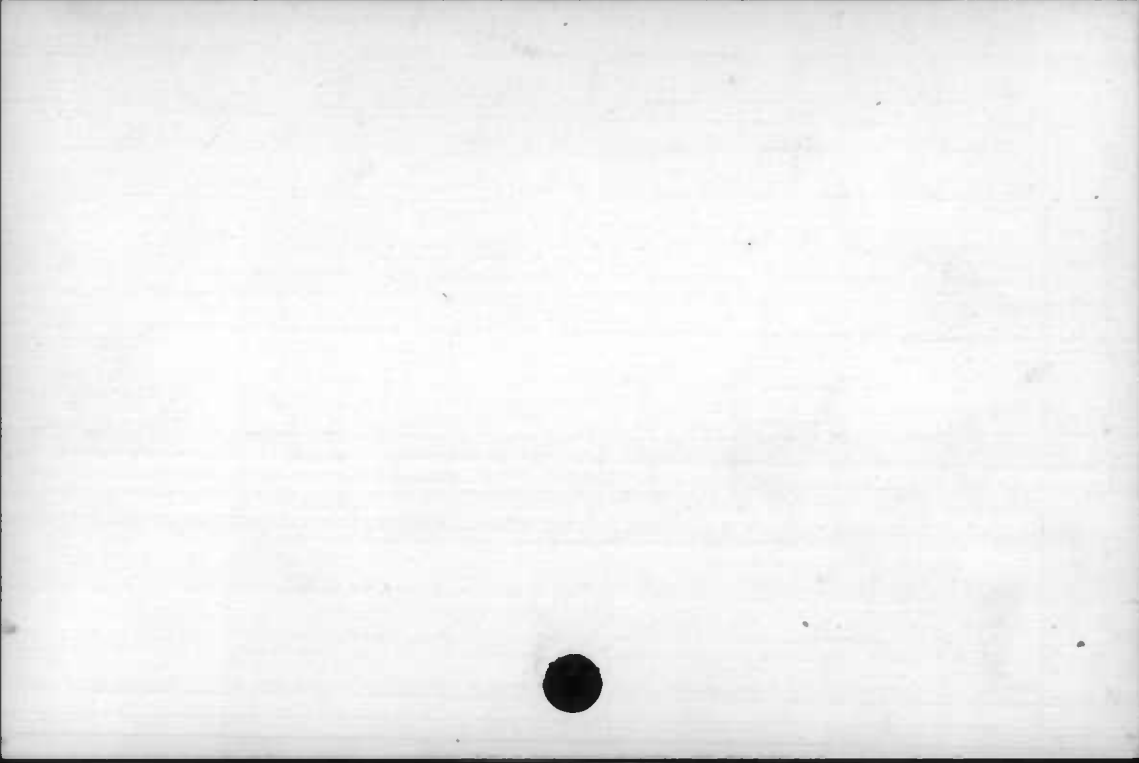
|                                       |                        |                                              |                                                         |                         |                       |
|---------------------------------------|------------------------|----------------------------------------------|---------------------------------------------------------|-------------------------|-----------------------|
| Died at <u>Induen</u> <sup>Town</sup> |                        | <u>Induen</u> <sup>County</sup>              |                                                         | MARYLAND                |                       |
| Date of death                         | <u>1909</u>            | Month                                        | <u>Mar</u>                                              | Day                     | <u>17</u>             |
| Age                                   |                        | <u>72</u>                                    | Years                                                   | Months                  | <u>20</u>             |
| Sex                                   | <u>Male</u>            | Color or Race                                | <u>White</u>                                            | Birth-place             | <u>Induen Co. Md.</u> |
| Occupation                            | <u>Farmer</u>          |                                              | Where Residing if not at place of death <u>Thurmont</u> |                         |                       |
| Married, Single or Widowed            | <u>Married</u>         | Name of Wife or Husband <u>Caroline Mary</u> |                                                         |                         |                       |
| Father's Name                         | <u>Peter Struck</u>    |                                              |                                                         | Father's Birthplace     | <u>Frederick Co</u>   |
| Mother's Maiden Name                  | <u>Marietta Struck</u> |                                              |                                                         | Mother's Birthplace     | <u>" "</u>            |
| Name of person giving information     | <u>W. L. Anger</u>     |                                              |                                                         | How related to deceased | <u>Uncle at Ind.</u>  |

CAUSES OF DEATH

125

PHYSICIAN  
OR CORONER

|                                                                      |                                          |                        |                       |
|----------------------------------------------------------------------|------------------------------------------|------------------------|-----------------------|
| Primary                                                              | <u>Chronic Prostatitis and Cystitis.</u> | How long               | <u>Several years.</u> |
| Immediate                                                            | <u>Prostatectomy</u>                     | How long               | <u>few days.</u>      |
| Are the name, age, sex, color, date and place correctly given above? |                                          | Signature of Physician |                       |
| <u>Yes</u>                                                           |                                          | <u>J. B. Johnson</u>   |                       |
|                                                                      |                                          | Address                |                       |
|                                                                      |                                          | <u>Induen Md.</u>      |                       |





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Deceased *Jackson* Town *Frederick* County *Frederick Co* MARYLAND

Died at *Frederick* Month *March* Day *30* Age *—* Years *—* Months *—* Days *—*

Date of death *1909*

Sex *Male* Color or Race *White* Birthplace *N. Lowell St*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *John Jackson*

Father's Birthplace *M H*

Mother's Maiden Name *Daisy Swope*

Mother's Birthplace *Frederick Md*

Name of person giving Information *Eugene Sponseller*

How related to deceased *Not at all*

## CAUSES OF DEATH

Primary *Still born*

How long *Not Given*

Immediate *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*Wm G. McEaves*  
*Frederick Md*

Accident or Suicide

Blender & Sam

Name  
in  
Full

Howard Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

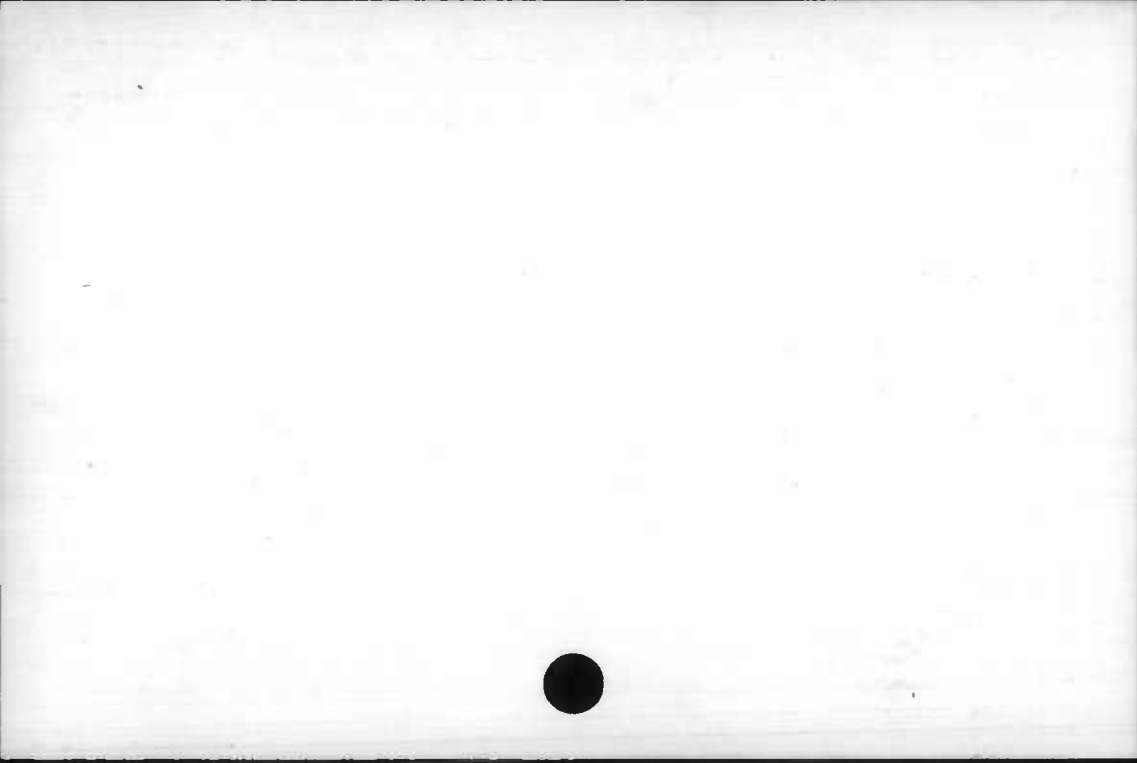
|                                                         |      |                                 |                                                 |                       |            |             |
|---------------------------------------------------------|------|---------------------------------|-------------------------------------------------|-----------------------|------------|-------------|
| Died at                                                 |      | Town<br>1 Innsville             | County<br>Frederick                             |                       | MARYLAND   |             |
| Date<br>of death                                        | 1909 | Month<br>Mar                    | Day<br>26                                       | Age<br>2              | Years<br>2 | Months<br>2 |
| Sex<br>male                                             |      | Color or<br>Race<br>Black       |                                                 | Birth-<br>place<br>Md |            |             |
| Occupation<br>none                                      |      |                                 | Where Residing if not<br>at place of death<br>— |                       |            |             |
| Married, Single<br>or Widowed<br>Single                 |      | Name of Wife or<br>Huaband<br>— |                                                 |                       |            |             |
| Fether's<br>Name<br>Edward Jackson                      |      |                                 | Fathar's<br>Birthplace<br>Md                    |                       |            |             |
| Mother's<br>Maiden Nama<br>Josephine Gross              |      |                                 | Mothar's<br>Birthplace<br>Md                    |                       |            |             |
| Nama of person giving<br>Information<br>Josephine Gross |      |                                 | How related<br>to deceased<br>Mother            |                       |            |             |

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

|                                                                                  |                    |                                        |        |
|----------------------------------------------------------------------------------|--------------------|----------------------------------------|--------|
| Primary                                                                          | Chronic Bronchitis | How long                               | 6 mos  |
| Immediata                                                                        | Pneumonia          | How long                               | 3 days |
| Are the nama, age, aex, color, data<br>and plac a correctly given above ?<br>yes |                    | Signature of<br>Physician<br>Lewi West |        |
|                                                                                  |                    | Address<br>Baltimore<br>Frederick Co   |        |
| Accident or Suicida                                                              |                    |                                        |        |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Sarah Jackson

Town

County

Died at Montevue April Frederick

MARYLAND

Date

of death 1909

Month

3

Day

6

Years

Age

80

Months

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

Fredericks Co Md.

Occupation

House Maid

Where Residing if not  
at place of death

Jefferson Md

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

— — — — —

Father's  
Name

Peter Jackson

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

— — — — —

Name of person giving  
Information

Philip Jones

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Cerebral Apoplexy

How long

Several days

Immediate

Convulsions

How long

" hrs.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

U. G. Jones M.D.  
Fredericks  
Md

Accident or Suicide

— — — — —

Interment Apr 7 - 1909

" " at Government Cemetery

Thomas P. Rice R. I.

Dr Boerne

---

Dr Goodell

---

Dr McCusdy

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

J Edward Jones

Died at <sup>Town</sup> Middletown<sup>County</sup> Frederick

MARYLAND

Date of death 1909

Month

mch

Day

4

Age 61

Years

Months

0

Days

4

Sex Male

Color or  
Race

White

Birth-  
place

New York State

Occupation

Butter maker

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Emma A Gross

Father's  
Name

J E Jones

Father's  
Birthplace

State N Y

Mother's  
Maiden Name

Ann E Jones

Mother's  
Birthplace

State N Y

Name of person giving  
Information

Emma A Jones

How related  
to deceased

Wife

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary

Acute Bright's Disease

How long

8 wks

Immediate

Edema of Lungs

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

E L Beckley

Address

Middletown

Accident or Suicide?

No





Name  
in  
Full

Wm H Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

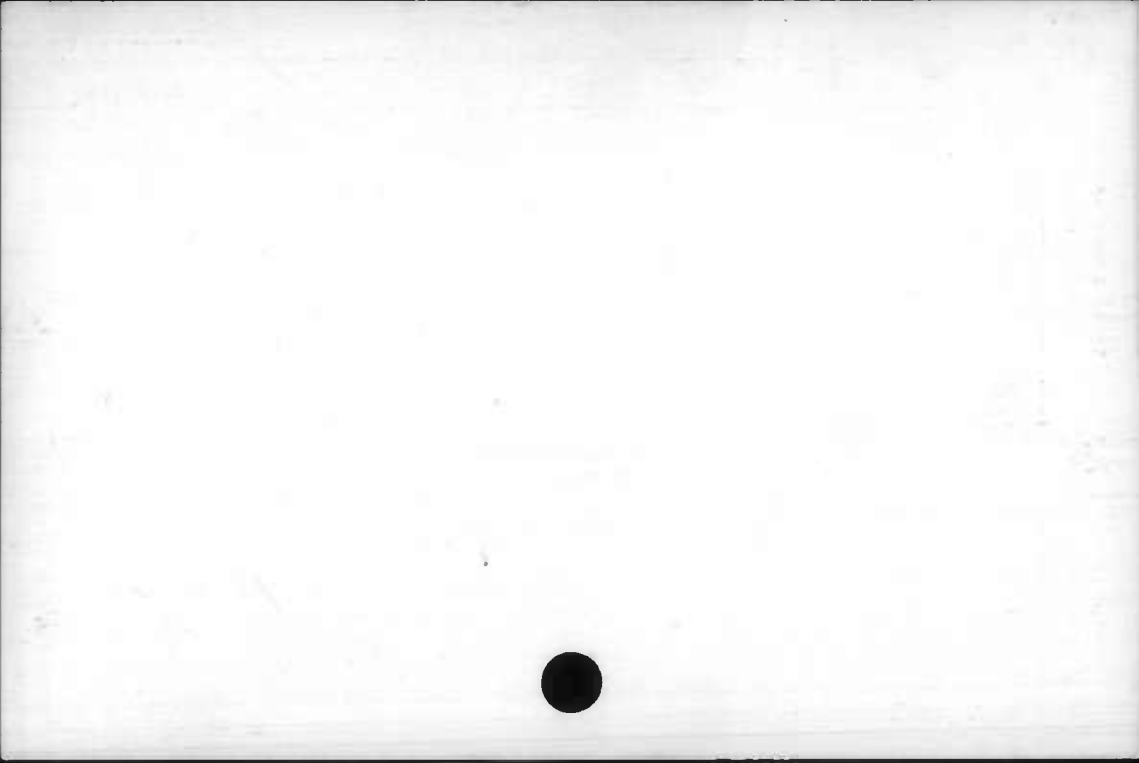
|                                                         |                                               |                                                                             |                               |                  |               |
|---------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------|-------------------------------|------------------|---------------|
| Died at <i>Indinet</i>                                  |                                               | County <i>Indinet</i>                                                       |                               | MARYLAND         |               |
| Date of death <i>1909</i>                               | Month <i>Mar.</i>                             | Day <i>26</i>                                                               | Age <i>71</i>                 | Months <i>10</i> | Days <i>8</i> |
| Sex <i>Male</i>                                         | Color or Race <i>white</i>                    |                                                                             | Birth-place <i>Prading Pa</i> |                  |               |
| Occupation <i>Machinist</i>                             |                                               | Where Residing if not at place of death <input checked="" type="checkbox"/> |                               |                  |               |
| Married, Single or Widowed <i>Married</i>               | Name of Wife or Husband <i>Virginia Jones</i> |                                                                             |                               |                  |               |
| Father's Name <i>James P. Jones</i>                     | Father's Birthplace <i>Prading Pa</i>         |                                                                             |                               |                  |               |
| Mother's Maiden Name <i>Dr. Mary Kent</i>               | Mother's Birthplace <i>Dr. Mary Kent</i>      |                                                                             |                               |                  |               |
| Name of person giving Information <i>Virginia Jones</i> |                                               | How related to deceased <i>Wife</i>                                         |                               |                  |               |

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

|                                                                      |                                             |
|----------------------------------------------------------------------|---------------------------------------------|
| Primary <i>Stroke - Cerebral</i>                                     | How long <i>Gradual</i>                     |
| Immediate <i>Paralysis</i>                                           | How long <i>Several months</i>              |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>J. R. Johnson</i> |
|                                                                      | Address <i>Indinet Indet</i>                |
| Accident or Suicide                                                  |                                             |



Name  
in  
Full

## CERTIFICATE OF DEATH

George W. Kling

Town

County

Died at

Monte Hospital Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909 March

20

Age

70

18

9

Sex

Male

Color or  
Race

White -

Birth-  
place

Maryland

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

David Kling

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Susana Stutely

Mother's  
Birthplace

Maryland

Name of person giving  
In formation

Preston Favorite

How related  
to deceased

Nephew.

## CAUSES OF DEATH

120

Primary

Anemia

How long

2 days.

Immediate

Pulmonary Embolism

How long

1 hour.

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

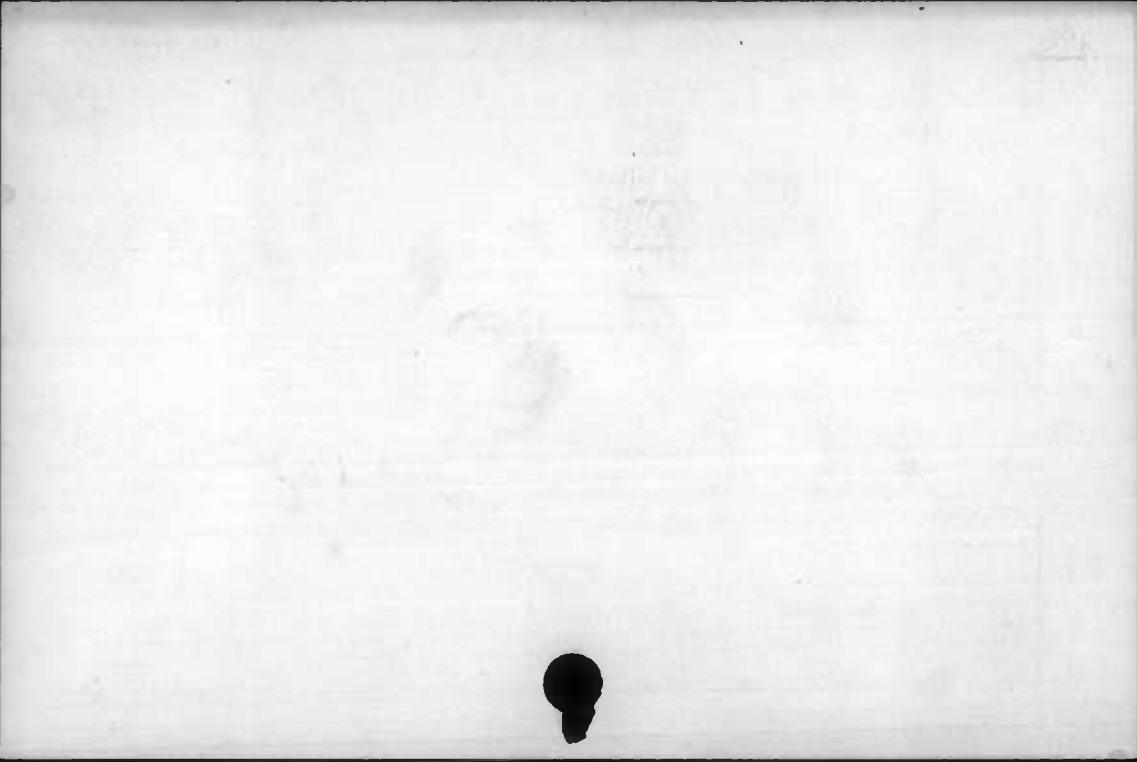
R. L. Lyons

Theobald

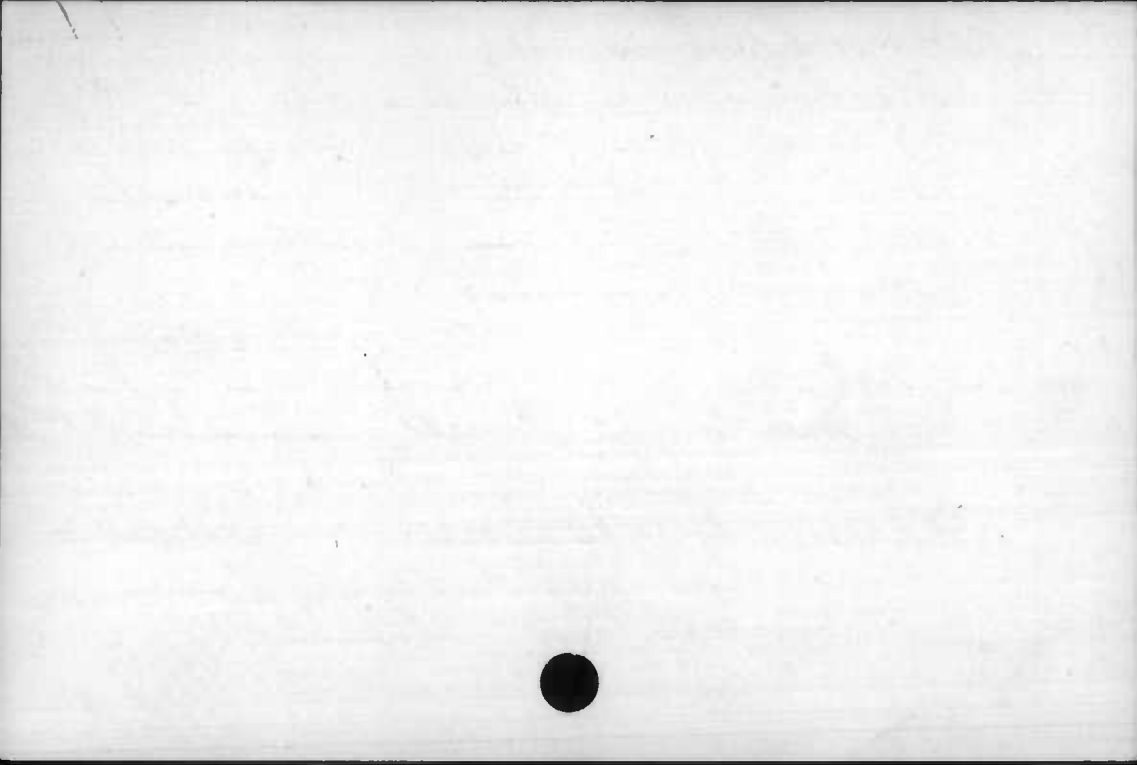
M.D.

Accident or Suicide?

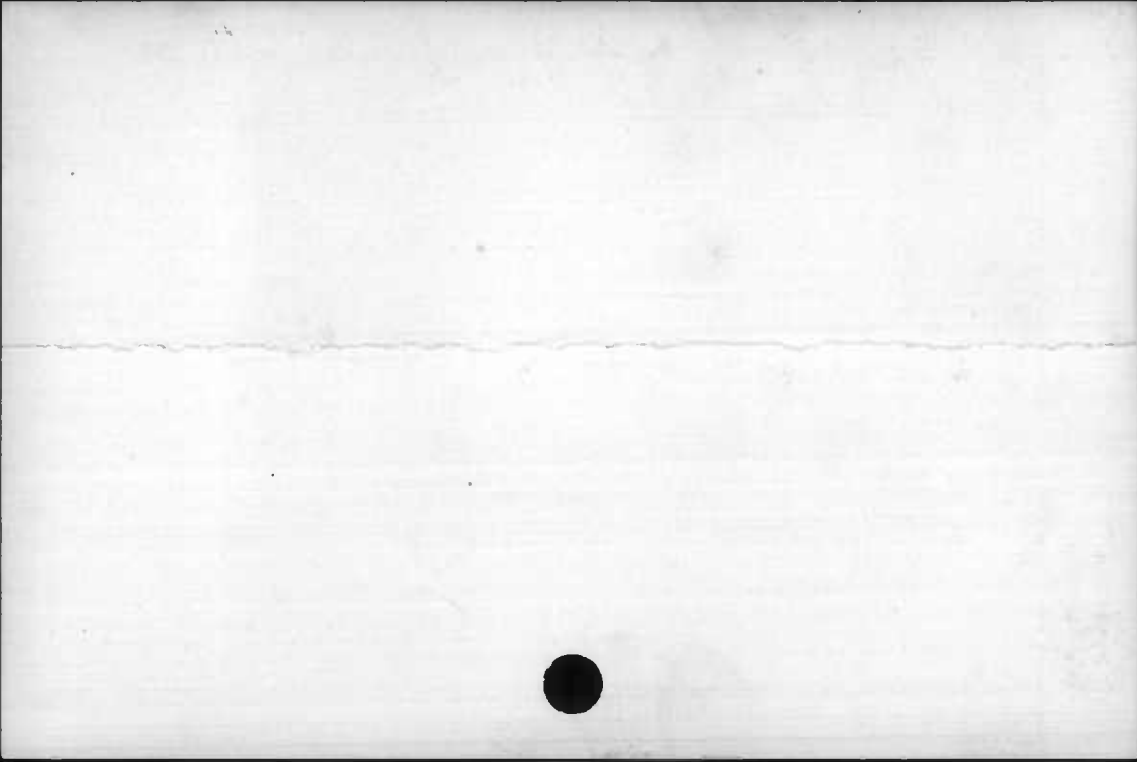
TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



| Name in Full                        |                                                                      | Mary Louise Kolb       |       |                                         |                        | CERTIFICATE OF DEATH    |                |
|-------------------------------------|----------------------------------------------------------------------|------------------------|-------|-----------------------------------------|------------------------|-------------------------|----------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at                                                              | Craigsboro             |       | Frederick                               |                        | MARYLAND                |                |
|                                     | Date of death                                                        | 1909                   | March | 30                                      | Age                    | 6                       | 27             |
|                                     | Sex                                                                  | Female                 |       | Color or Race                           | White                  |                         | Birth-place    |
|                                     | Occupation                                                           |                        |       | Where Residing if not at place of death |                        | Apartment from          |                |
|                                     | Married, Single or Widowed                                           | Single                 |       | Name of Wife or Husband                 |                        |                         |                |
|                                     | Father's Name                                                        | Charles P. M. Kolb     |       |                                         |                        | Father's Birthplace     | Craigsboro     |
| PHYSICIAN OR CORONER                | Mother's Maiden Name                                                 | Nettie R. Ramshorn     |       |                                         |                        | Mother's Birthplace     | Craigsboro     |
|                                     | Name of person giving information                                    | Nettie R. Kolb         |       |                                         |                        | How related to deceased | Mother         |
|                                     | CAUSES OF DEATH                                                      |                        |       |                                         |                        |                         | (61)           |
|                                     | Primary                                                              | Typhoid and Meningitis |       |                                         |                        | How long                | Two weeks      |
| Immediate                           | General Asthenia                                                     |                        |       |                                         | How long               | Three days              |                |
| C                                   | Are the name, age, sex, color, date and place correctly given above? |                        | Yes   |                                         | Signature of Physician |                         | J. D. S. Young |
|                                     |                                                                      |                        |       |                                         | Address                |                         | Craigsboro     |
|                                     |                                                                      |                        |       |                                         |                        |                         | Frederick MD   |
| Accident or Suicide?                |                                                                      |                        |       |                                         |                        |                         |                |

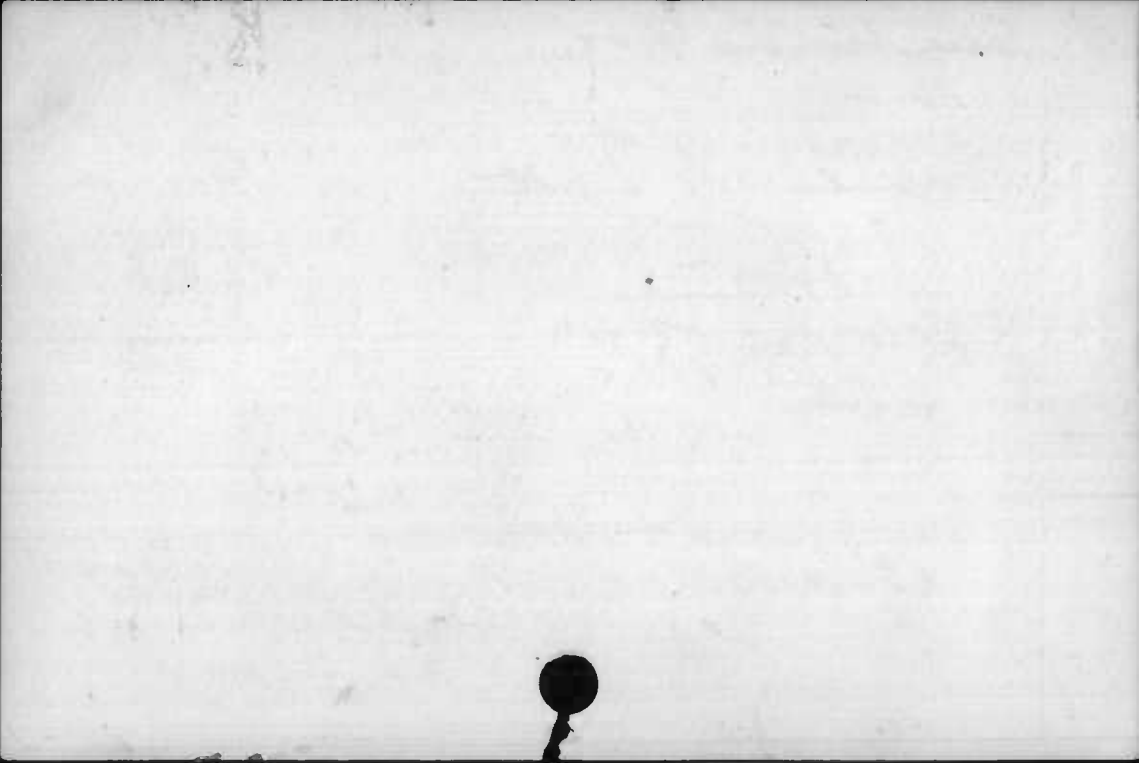


| Name in Full                        |                                                                      | Gerome Lawrence          |       |                         |                                         | CERTIFICATE OF DEATH |                         |                    |
|-------------------------------------|----------------------------------------------------------------------|--------------------------|-------|-------------------------|-----------------------------------------|----------------------|-------------------------|--------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at                                                              | Rocky Ridge              |       | Frederick               |                                         | MARYLAND             |                         |                    |
|                                     | Date of death                                                        | 1909                     | Month | March                   | Day                                     | 29                   | Age                     | 70                 |
|                                     | Sex                                                                  | Male                     |       | Color or Race           | White                                   |                      | Birth-place             | Maryland           |
|                                     | Occupation                                                           | Retired                  |       |                         | Where Residing if not at place of death |                      |                         | Home               |
|                                     | Married, Single or Widowed                                           | Widowed                  |       | Name of Wife or Husband |                                         |                      |                         | deceased (unknown) |
|                                     | Father's Name                                                        | John Lawrence            |       |                         |                                         |                      | Father's Birthplace     | ind                |
|                                     | Mother's Maiden Name                                                 | not known                |       |                         |                                         |                      | Mother's Birthplace     | unknown            |
|                                     | Name of person giving information                                    | Mrs. Clayton Loores      |       |                         |                                         |                      | How related to deceased | daughters          |
| CAUSES OF DEATH                     |                                                                      |                          |       |                         |                                         |                      |                         |                    |
| PHYSICIAN OR CORONER                | Primary                                                              | Chronic Bright's Disease |       |                         |                                         |                      | How long                | 3 years -          |
|                                     | Immediate                                                            |                          |       |                         |                                         |                      |                         |                    |
|                                     | Are the name, age, sex, color, date and place correctly given above? |                          | yes   |                         | Signature of Physician                  |                      | W. D. Stone             |                    |
|                                     |                                                                      |                          |       |                         | Address                                 |                      | Emmickus Md             |                    |
|                                     | Accident or Suicide?                                                 |                          |       |                         |                                         |                      |                         |                    |





| Name in Full                                                         |  | Town              |  |                                         |     | County                 |       | CERTIFICATE OF DEATH |      |
|----------------------------------------------------------------------|--|-------------------|--|-----------------------------------------|-----|------------------------|-------|----------------------|------|
| Isaiah Leatherman                                                    |  | Woodsboro         |  |                                         |     | Frederick              |       | MARYLAND             |      |
| Died at                                                              |  | Date of death     |  | Month                                   | Day | Age                    | Years | Months               | Days |
| 1909                                                                 |  | March             |  | 25                                      | 83  | 5                      | 4     |                      |      |
| Sex                                                                  |  | Male              |  | Color or Race                           |     | White                  |       | Birth-Place          |      |
| Occupation                                                           |  | Farmer            |  | Where Residing if not at place of death |     | Woodsboro              |       | Near Ellertown Md.   |      |
| Married, Single or Widowed                                           |  | Single            |  | Name of Wife or Husband                 |     | Sarah Ann Leatherman   |       | Father's Birthplace  |      |
| Father's Name                                                        |  | Daniel Leatherman |  | Mother's Maiden Name                    |     | Uuk                    |       | Mother's Birthplace  |      |
| Name of person giving information                                    |  | Mrs. E. M. Powell |  | How related to deceased                 |     | Daughter               |       |                      |      |
| CAUSES OF DEATH                                                      |  |                   |  |                                         |     |                        |       |                      |      |
| Primary                                                              |  |                   |  |                                         |     | How long               |       | 154                  |      |
| Immediate                                                            |  | General Debility  |  |                                         |     | How long               |       |                      |      |
| Are the name, age, sex, color, date and place correctly given above? |  | yes               |  |                                         |     | Signature of Physician |       | W. H. Kahle          |      |
| Address                                                              |  |                   |  |                                         |     | Woodsboro,             |       | Md.                  |      |
| Accident or Suicide?                                                 |  | No                |  |                                         |     |                        |       |                      |      |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Pine Bluff

Town

County

Frederick

MARYLAND

Date

of death

1909

Month

March

Day

12

Age

Years

82

Months

9

Days

11

Sex

Female

Color or  
Race

White

Birth-  
place

Penna

Occupation

Religious, Sister

Where Residing if not  
at place of death

-

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

John Le Gros

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Jane Rease

Mother's  
Birthplace

Pa

Name of person giving  
Information

S. Bernard Overdorf

How related  
to deceased

none

## CAUSES OF DEATH

166

Primary

Fall forward on head. from chair.  
Injury from Fall, Face and Head

How long

Immediate

Concussion of the Brain

How long

15 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

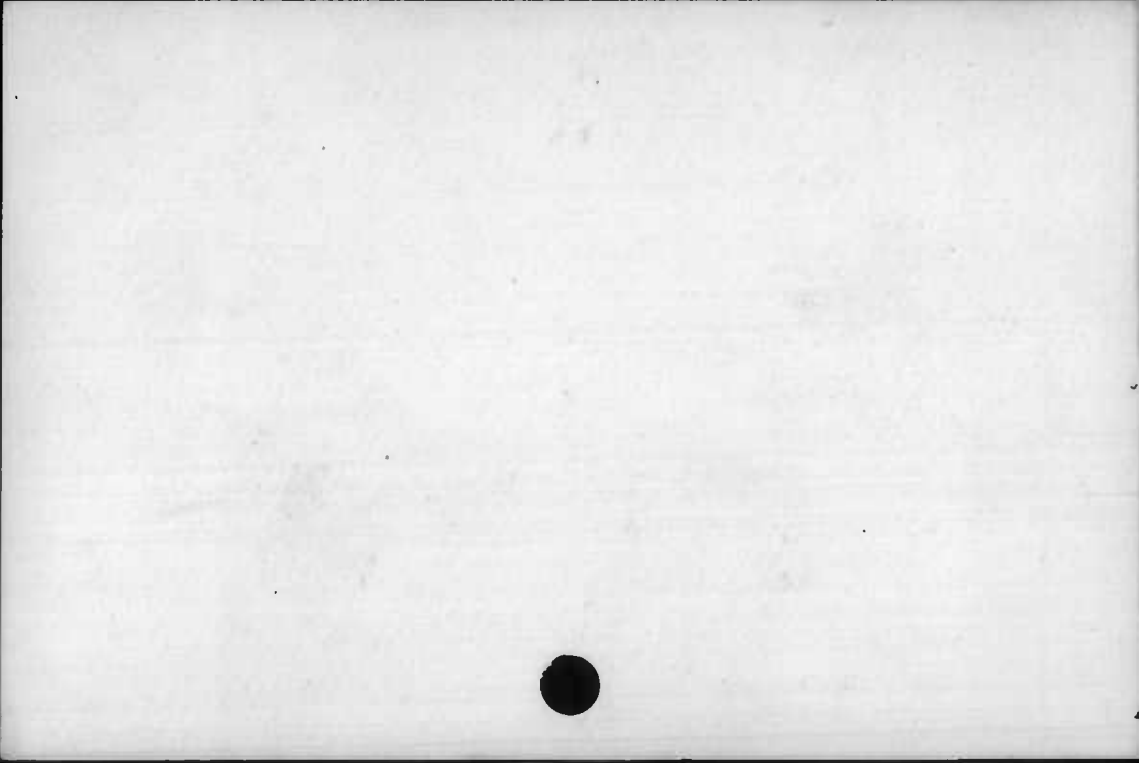
John B. Browne M.D.

Address

Pine Bluff

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mr Joseph H Leib

## CERTIFICATE OF DEATH

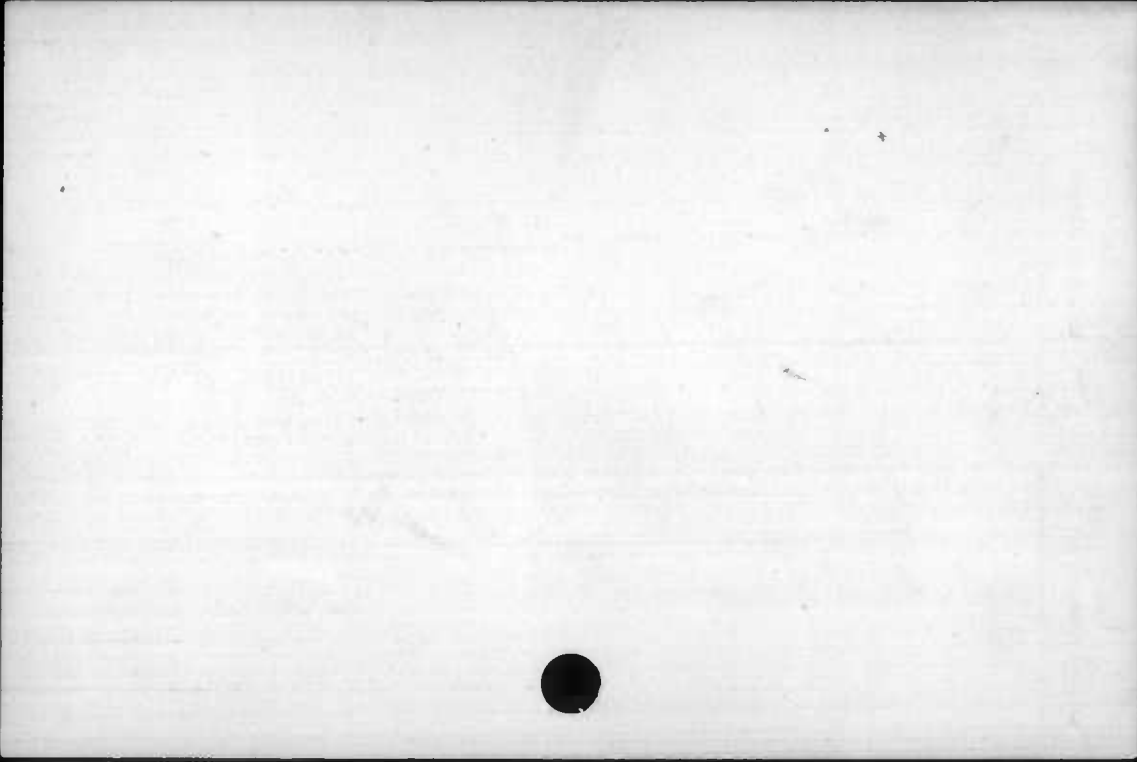
|                                                          |                                                               |                                           |                                          |                                    |                                                              |
|----------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------|------------------------------------------|------------------------------------|--------------------------------------------------------------|
| Died at <u>Mt-Pleasant</u> <small>Town</small>           |                                                               | <u>Fredemore Co</u> <small>County</small> |                                          | MARYLAND                           |                                                              |
| Date of death                                            | <u>1909</u> <small>Year</small>                               | <u>March</u> <small>Month</small>         | <u>5<sup>th</sup></u> <small>Day</small> | Age <u>52</u> <small>Years</small> | <u>5</u> <small>Months</small> <u>14</u> <small>Days</small> |
| Sex <u>Male</u>                                          | Color or Race <u>White</u>                                    |                                           | Birth-place <u>York Co Pa</u>            |                                    |                                                              |
| Occupation <u>Dr of Medicine</u>                         | Where Residing if not at place of death <u>Mt Pleasant Md</u> |                                           |                                          |                                    |                                                              |
| Married, Single or Widowed <u>Single</u>                 | Name of Wife or Husband <u>Chara Diller</u>                   |                                           |                                          |                                    |                                                              |
| Father's Name <u>John Henry Leib</u>                     | Father's Birthplace <u>York Co Pa</u>                         |                                           |                                          |                                    |                                                              |
| Mother's Maiden Name <u>Miss Dorsey Symms</u>            | Mother's Birthplace <u>York Co Pa</u>                         |                                           |                                          |                                    |                                                              |
| Name of person giving information <u>Miss Clara Leib</u> | How related to deceased <u>Wife</u>                           |                                           |                                          |                                    |                                                              |

## CAUSES OF DEATH

79

|                                                                                 |                            |                                              |                 |
|---------------------------------------------------------------------------------|----------------------------|----------------------------------------------|-----------------|
| Primary                                                                         | <u>Chronic Myocarditis</u> | How long                                     | <u>2 months</u> |
| Immediate                                                                       | <u>Anginal Pectoris</u>    | How long                                     | <u>6 days</u>   |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> |                            | Signature of Physician <u>Thos B Johnson</u> |                 |
|                                                                                 |                            | Address <u>Friedrich, Md.</u>                |                 |
| Accident or Suicide?                                                            |                            |                                              |                 |

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Harry S. Lipsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                    |                        |                                         |              |                         |             |                    |
|-----------------------------------|--------------------|------------------------|-----------------------------------------|--------------|-------------------------|-------------|--------------------|
| Died at <i>Mo. Haig</i>           |                    | Town <i>Fredericks</i> |                                         | County       |                         | MARYLAND    |                    |
| Date of death                     | 1909               | Month                  | 3                                       | Day          | 26                      | Age         | 30                 |
| Sex                               | Male               |                        | Color or Race                           | White        |                         | Birth-place | Fredericks Co. Md. |
| Occupation                        | Laborer            |                        | Where Residing if not at place of death |              | Same                    |             |                    |
| Married, Single or Widowed        | Married            |                        | Name of Wife or Husband                 | Bessie Stone |                         |             |                    |
| Father's Name                     | Jerome Lipsey      |                        |                                         |              | Father's Birthplace     | Maryland    |                    |
| Mother's Maiden Name              | Mary E. Poole      |                        |                                         |              | Mother's Birthplace     | "           |                    |
| Name of person giving Information | Mrs. Bessie Lipsey |                        |                                         |              | How related to deceased | Wife        |                    |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                                 |                                               |
|---------------------------------------------------------------------------------|-----------------------------------------------|
| Primary                                                                         | How long                                      |
| Immediate <i>convulsions</i>                                                    | <i>Sudden</i>                                 |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>W. E. Stone Md.</i> |
|                                                                                 | Address <i>Met Pleasant Md.</i>               |
| Accident or Suicide <i>Suicide?</i>                                             |                                               |

Interment Mar 28-1909

" at Mt Olivet Cemetery

Thomas P. Rice F. O.

or Stone

or Goodell

or McBurdy.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

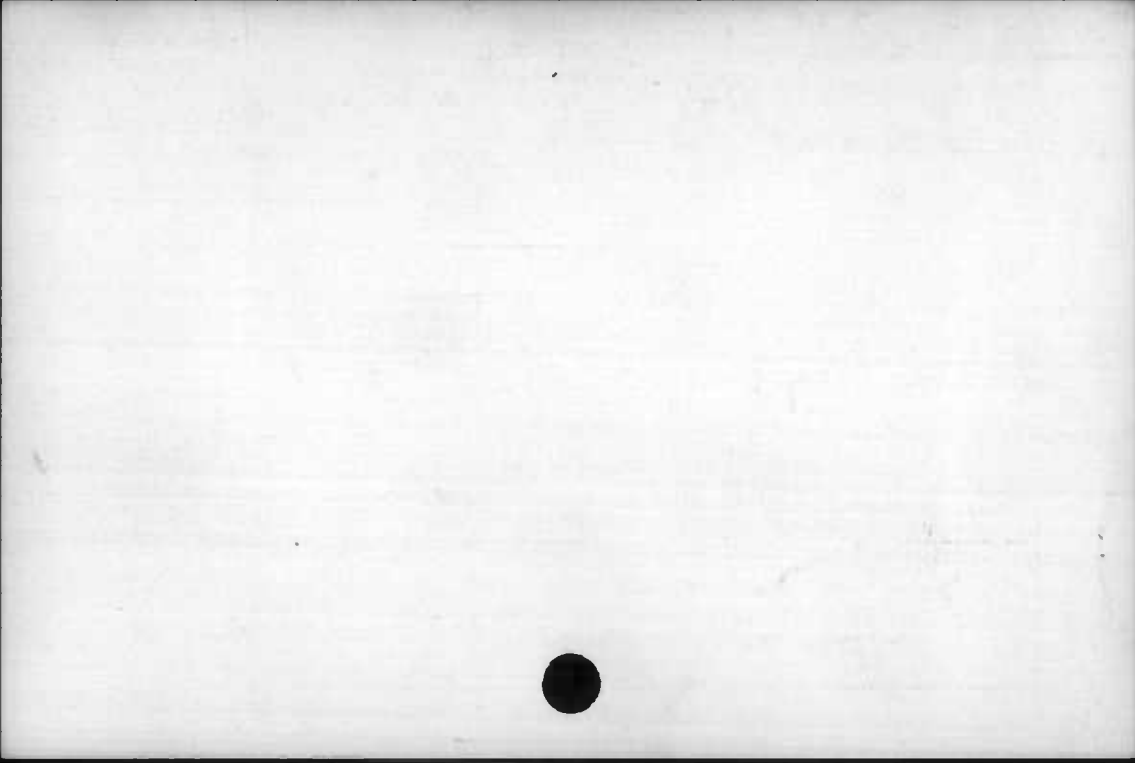
|                                                            |  |                                                 |  |                                    |  |                  |  |
|------------------------------------------------------------|--|-------------------------------------------------|--|------------------------------------|--|------------------|--|
| Name<br><i>Jacob S. Long</i>                               |  | Town<br><i>Emmitsburg</i>                       |  | County<br><i>Fredrick</i>          |  | MARYLAND         |  |
| Died at                                                    |  | Date<br>of death <i>1909</i>                    |  | Month<br><i>Mar</i>                |  | Day<br><i>31</i> |  |
| Age<br><i>58</i>                                           |  | Years<br><i>7</i>                               |  | Months<br><i>18</i>                |  | Days             |  |
| Sex<br><i>Male</i>                                         |  | Color or<br>Race<br><i>White</i>                |  | Birth-<br>place<br><i>Maryland</i> |  |                  |  |
| Occupation<br><i>Farmer</i>                                |  | Where Residing if not<br>at place of death      |  |                                    |  |                  |  |
| Married, <del>Single</del><br><i>Widowed</i>               |  | Name of Wife or<br>Husband<br><i>Hanna Long</i> |  |                                    |  |                  |  |
| Father's<br>Name<br><i>Jacob Long</i>                      |  | Father's<br>Birthplace<br><i>Germany</i>        |  |                                    |  |                  |  |
| Mother's<br>Maiden Name<br><i>Catharine Brown</i>          |  | Mother's<br>Birthplace<br><i>Germany</i>        |  |                                    |  |                  |  |
| Name of person giving<br>Information<br><i>John T Long</i> |  | How related<br>to deceased<br><i>Brother</i>    |  |                                    |  |                  |  |

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|                                                                         |  |                                                     |  |
|-------------------------------------------------------------------------|--|-----------------------------------------------------|--|
| Primary<br><i>Tuberculosis of Lungs</i>                                 |  | How long<br><i>3 Years -</i>                        |  |
| Immediate<br><i>Exhaustion</i>                                          |  | How long                                            |  |
| Are the name, age, sex, color, date<br>and place correctly given above? |  | Signature of<br>Physician<br><i>Chas. E. Stoner</i> |  |
|                                                                         |  | Address<br><i>Emmitsburg</i>                        |  |
| Accident or Suicide?                                                    |  |                                                     |  |



Name  
in  
Full

## CERTIFICATE OF DEATH

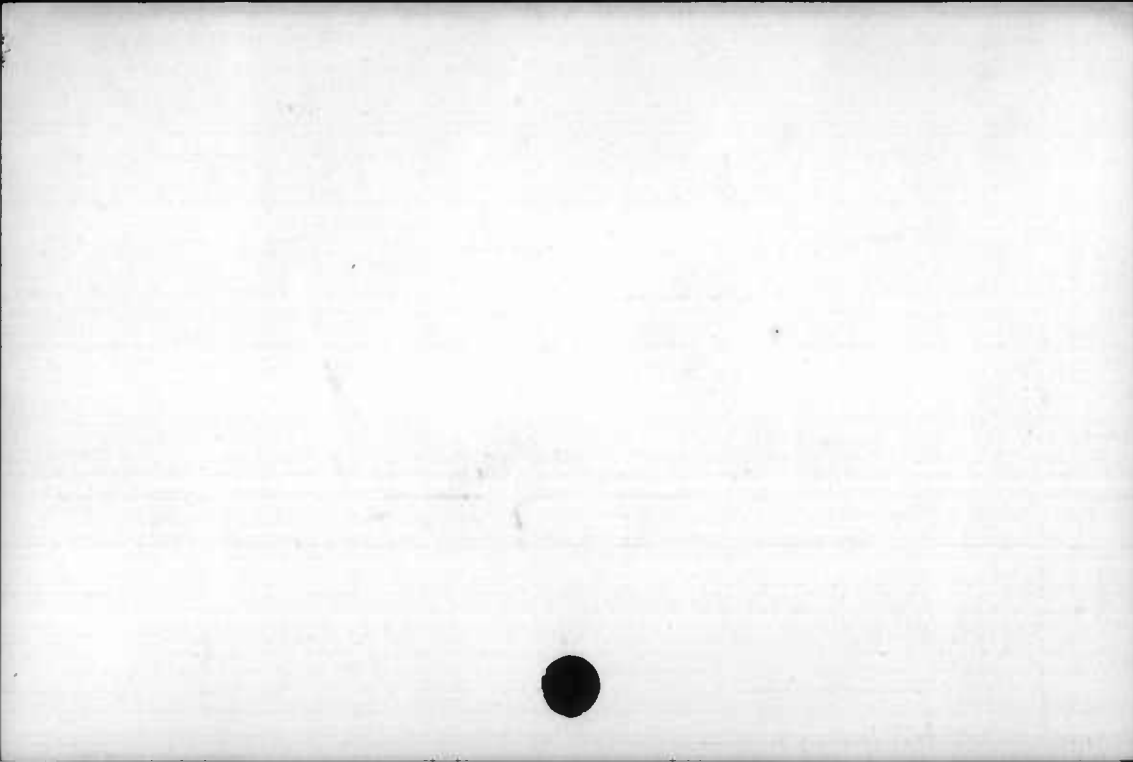
TO BE ANSWERED BY  
NEAREST FRIEND

|                                                                                |  |                                          |  |                                        |                          |
|--------------------------------------------------------------------------------|--|------------------------------------------|--|----------------------------------------|--------------------------|
| Died at <i>Burkittsville</i> <sup>Town</sup>                                   |  | <i>Fred.</i> <sup>County</sup>           |  | MARYLAND                               |                          |
| Date of death <i>1909</i> <sup>Month</sup> <i>Mar.</i> <sup>Day</sup> <i>6</i> |  | Age <i>23</i> <sup>Years</sup>           |  | <i>0</i> <sup>Months</sup>             | <i>0</i> <sup>Days</sup> |
| Sex <i>Male</i>                                                                |  | Color or Race <i>colored</i>             |  | Birth-place <i>Burkittsville, Ind.</i> |                          |
| Occupation <i>Laborer</i>                                                      |  | Where Residing if not at place of death  |  |                                        |                          |
| Married, Single or Widowed <i>Single</i>                                       |  | Name of Wife or Husband <i>0</i>         |  |                                        |                          |
| Father's Name <i>Joshua Thomas Lucas</i>                                       |  | Father's Birthplace <i>Chadler, Ind.</i> |  |                                        |                          |
| Mother's Maiden Name <i>Charlotte Haller</i>                                   |  | Mother's Birthplace <i>" " "</i>         |  |                                        |                          |
| Name of person giving information <i>Albert Lucas</i>                          |  | How related to deceased <i>Brother</i>   |  |                                        |                          |

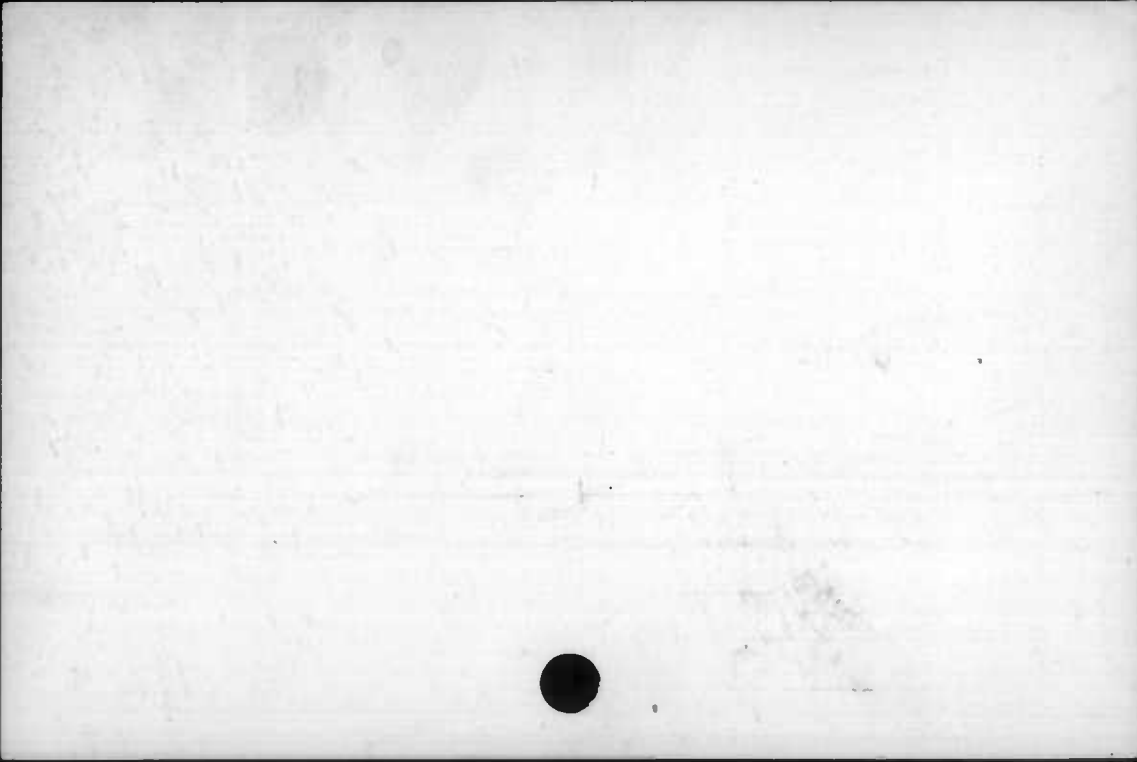
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                                 |                                                |
|---------------------------------------------------------------------------------|------------------------------------------------|
| Primary <i>Typhoid Fever -</i>                                                  | How long <i>six weeks</i>                      |
| Immediate <i>dianthra</i>                                                       | How long <i>2 days</i>                         |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>F. A. Poole M.D.</i> |
|                                                                                 | Address <i>Burkittsville -</i>                 |
| Accident or Suicide?                                                            |                                                |



|                                                        |  |                                                                      |  |                                                         |               |                                |               |
|--------------------------------------------------------|--|----------------------------------------------------------------------|--|---------------------------------------------------------|---------------|--------------------------------|---------------|
| Name in Full                                           |  | Abraham Mikesell                                                     |  |                                                         |               | CERTIFICATE OF DEATH           |               |
| TO BE ANSWERED BY<br>NEAREST FRIEND                    |  | Died at <u>Araby</u> Town                                            |  | County <u>Fredk</u>                                     |               | MARYLAND                       |               |
|                                                        |  | Date of death <u>1909-13</u>                                         |  | Day <u>9</u>                                            | Age <u>78</u> | Months <u>3</u>                | Days <u>1</u> |
|                                                        |  | Sex <u>Male</u>                                                      |  | Color or Race <u>White</u>                              |               | Birth-place <u>Bost Church</u> |               |
|                                                        |  | Occupation <u>Farmer</u>                                             |  | Where Residing if not at place of death <u>Araby Md</u> |               |                                |               |
|                                                        |  | Married, Single or Widowed <u>Widowed</u>                            |  | Name of Wife or Husband                                 |               |                                |               |
|                                                        |  | Father's Name <u>John Mikesell</u>                                   |  | Father's Birthplace <u>Bost Church</u>                  |               |                                |               |
|                                                        |  | Mother's Maiden Name <u>Rebecca Derr</u>                             |  | Mother's Birthplace <u>Carrol Co. Md</u>                |               |                                |               |
| Name of person giving information <u>Mrs. F. Halne</u> |  | How related to deceased <u>Daughter</u>                              |  |                                                         |               |                                |               |
| CAUSES OF DEATH                                        |  |                                                                      |  |                                                         |               |                                |               |
| PHYSICIAN OR CORONER                                   |  | Primary <u>Arterio Sclerosis</u>                                     |  | How long <u>5 years</u>                                 |               |                                |               |
|                                                        |  | Immediate <u>Senile Gangrene</u>                                     |  | How long <u>20 days</u>                                 |               |                                |               |
|                                                        |  | Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician <u>T. B. Johnson</u>             |               |                                |               |
|                                                        |  |                                                                      |  | Address <u>Frederick Md.</u>                            |               |                                |               |
|                                                        |  | Accident or Suicide?                                                 |  |                                                         |               |                                |               |



Name  
in  
Full

## CERTIFICATE OF DEATH

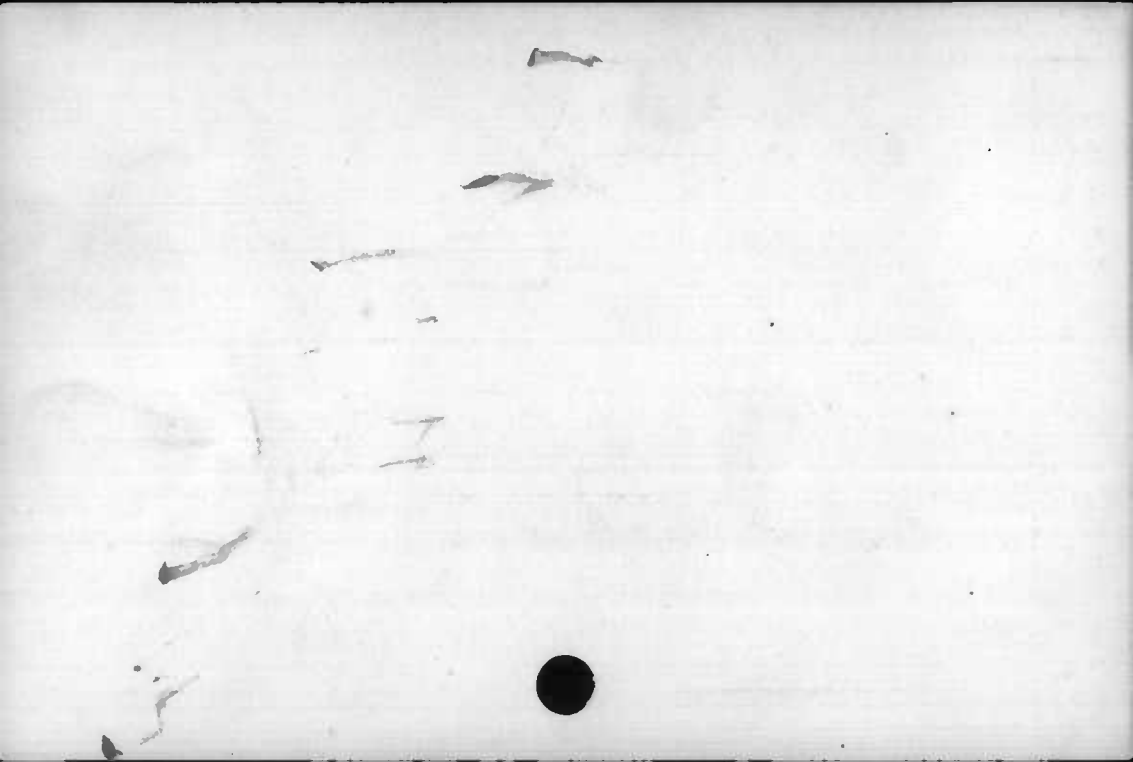
TO BE ANSWERED BY  
NEAREST FRIEND

|                                                        |  |                                                 |  |                                                  |  |                               |  |
|--------------------------------------------------------|--|-------------------------------------------------|--|--------------------------------------------------|--|-------------------------------|--|
| Name in Full <i>William Spangler Miller</i>            |  | Town <i>Indenick</i>                            |  | County <i>Indenick</i>                           |  | MARYLAND                      |  |
| Died at <i>Indenick</i>                                |  |                                                 |  |                                                  |  |                               |  |
| Date of death <i>1909</i>                              |  | Month <i>3</i>                                  |  | Day <i>16</i>                                    |  | Age <i>84</i>                 |  |
| Sex <i>Male</i>                                        |  | Color or Race <i>White</i>                      |  | Birth-place <i>Indenick Md</i>                   |  | Months <i>—</i> Days <i>4</i> |  |
| Occupation <i>Retired</i>                              |  |                                                 |  | Where Residing if not at place of death <i>—</i> |  |                               |  |
| Married, Single or Widowed <i>Married</i>              |  | Name of Wife or Husband <i>Virginia Brangle</i> |  |                                                  |  |                               |  |
| Father's Name <i>George Miller</i>                     |  |                                                 |  | Father's Birthplace <i>Philadelphia Pa</i>       |  |                               |  |
| Mother's Maiden Name <i>Maria Spangler</i>             |  |                                                 |  | Mother's Birthplace <i>York Pa</i>               |  |                               |  |
| Name of person giving information <i>Mrs WS Miller</i> |  |                                                 |  | How related to deceased <i>Wife</i>              |  |                               |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                      |  |                                                |  |
|----------------------------------------------------------------------|--|------------------------------------------------|--|
| Primary <i>Arterio sclerosis</i>                                     |  | How long <i>4 years</i>                        |  |
| Immediate <i>Exhaustion</i>                                          |  | How long <i>1 month</i>                        |  |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician <i>T. L. B. Johnson</i> |  |
|                                                                      |  | Address <i>Fredrick, Md.</i>                   |  |
| Accident or Suicide?                                                 |  |                                                |  |





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mrs. Nattie A Moore*

Died at *City Hospital* <sup>Town</sup> *Brown* <sup>County</sup> **MARYLAND**

Date of death 190 *9* <sup>Month</sup> *March* <sup>Day</sup> *28* <sup>Years</sup> *5* <sup>Months</sup> *5* <sup>Days</sup> *5*

Sex *Female* Color or Race *White* Birth-place *—*

Occupation *Nurse* Where Residing if not at place of death *City Hospital*

Married, Single or Widowed *Widow* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving Information *—* How related to deceased *—*

## CAUSES OF DEATH

43

Primary *Carcinoma of Breast* How long *6 months*  
*operated upon 4 years ago* before operation  
*recurrent carcinoma of Abd. glands* How long *2 months*

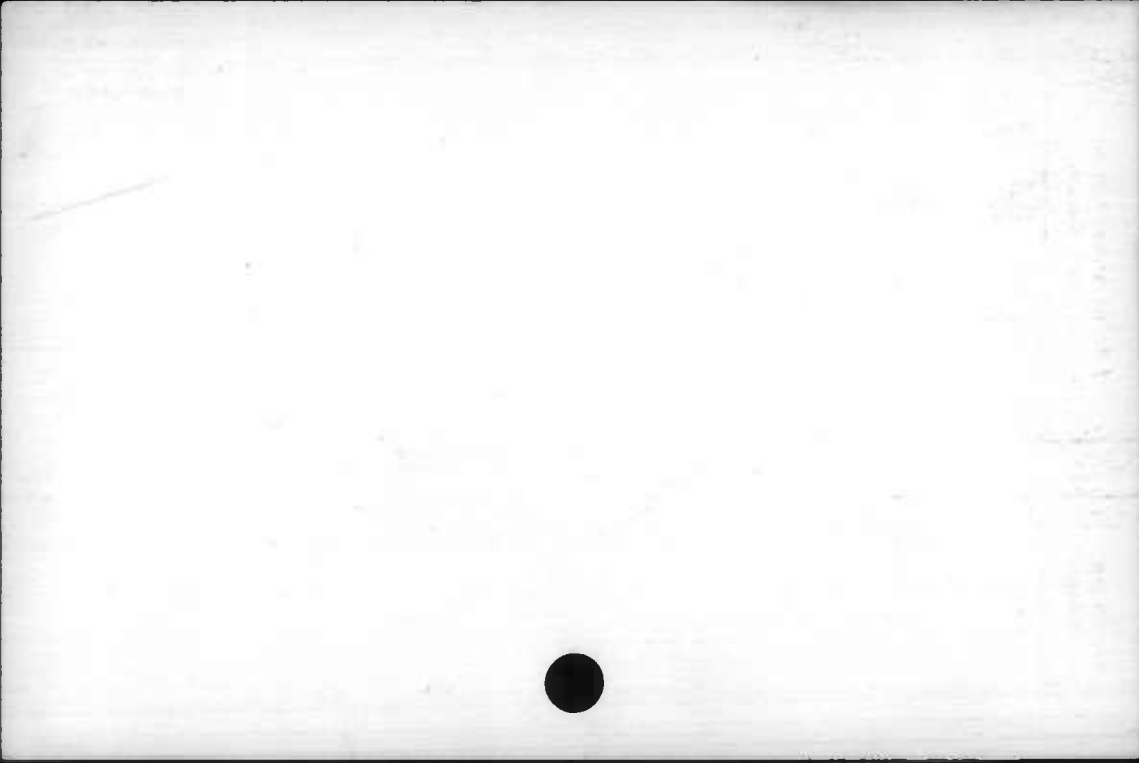
Immediate *Inoperable*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *T B Johnson*  
 Address *Frederick, Md.*

Accident or Suicide ☐

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                               |  |                                                                  |  |                                                          |  |                                           |  |
|-----------------------------------------------|--|------------------------------------------------------------------|--|----------------------------------------------------------|--|-------------------------------------------|--|
| Name in Full<br><i>Jennie Estelle Moose</i>   |  | Town<br><i>Fredericks</i>                                        |  | County<br><i>Fredericks</i>                              |  | MARYLAND                                  |  |
| Died at<br><i>Fredericks</i>                  |  | Month<br><i>3</i>                                                |  | Day<br><i>27</i>                                         |  | Years<br><i>23</i>                        |  |
| Date of death<br><i>1909</i>                  |  | Month<br><i>3</i>                                                |  | Day<br><i>27</i>                                         |  | Age<br><i>23</i>                          |  |
| Sex<br><i>Female</i>                          |  | Color or Race<br><i>White</i>                                    |  | Birth-place<br><i>Fredericks</i>                         |  | Months<br><i>9</i>                        |  |
| Occupation<br><i>House Wife</i>               |  | Where Residing if not at place of death<br><i>Place of death</i> |  | Place of death<br><i>Fredericks</i>                      |  | Days<br><i>19</i>                         |  |
| Married, Single or Widowed<br><i>Married</i>  |  | Name of Wife or Husband<br><i>Ira V. Moose</i>                   |  | Father's Name<br><i>W. Scott Van Gossen</i>              |  | Father's Birthplace<br><i>Fredericks</i>  |  |
| Mother's Maiden Name<br><i>Harriet Outrow</i> |  | Mother's Birthplace<br><i>Fredk Co Md</i>                        |  | Name of person giving Information<br><i>Ira V. Moose</i> |  | How related to deceased<br><i>Husband</i> |  |

## CAUSES OF DEATH

26

PHYSICIAN  
OR CORONER

|                                                                                    |                                             |
|------------------------------------------------------------------------------------|---------------------------------------------|
| Primary<br><i>Tuberculosis of throat only</i>                                      | How long<br><i>Don't know</i>               |
| Immediate<br><i>attack of acute Pleurisy</i>                                       | How long<br><i>3 days</i>                   |
| Are the name, age, sex, color, date and place correctly given above?<br><i>yes</i> | Signature of Physician<br><i>H. H. Hays</i> |
|                                                                                    | Address<br><i>Fredericks</i>                |
| Accident or Suicide<br><i>~~~~~</i>                                                |                                             |

Interment Mar 30. 1909

" at Mt. Olivet Cemetery

Thomas T. Rice F. D.

Dr. Hedges

Dr. McCurdy,

Name  
in  
Full

Nathan Morgan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                    |                          |                                         |             |            |
|-----------------------------------|--------------------|--------------------------|-----------------------------------------|-------------|------------|
| Died at <i>Fredericks</i> Town    |                    | <i>Fredericks</i> County |                                         | MARYLAND    |            |
| Date of death                     | 1909               | Month                    | 3                                       | Day         | 5          |
| Age                               |                    | 34                       |                                         | Months      | —          |
| Sex                               | Male               | Color or Race            | Black                                   | Birth-place | Fredericks |
| Occupation                        | Laborer            |                          | Where Residing if not at place of death | Same        |            |
| Married, Single or Widowed        | Married            | Name of Wife or Husband  | Louisa Higgins                          |             |            |
| Father's Name                     | Henry Morgan       |                          | Father's Birthplace                     | Maryland    |            |
| Mother's Maiden Name              | Emma Biggus        |                          | Mother's Birthplace                     | "           |            |
| Name of person giving Information | Mrs. Louisa Morgan |                          | How related to deceased                 | Wife        |            |

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|                                                                      |                               |          |                        |                        |
|----------------------------------------------------------------------|-------------------------------|----------|------------------------|------------------------|
| Primary                                                              | <i>Pulmonary Tuberculosis</i> |          | How long               | <i>2 years</i>         |
| Immediate                                                            | <i>Exhaustion</i>             |          | How long               | <i>2 weeks</i>         |
| Are the name, age, sex, color, date and place correctly given above? |                               | yes      | Signature of Physician | <i>T. B. Johnson</i>   |
|                                                                      |                               |          | Address                | <i>Fredericks, Md.</i> |
| Accident or Suicide                                                  |                               | <i>—</i> |                        |                        |

Interment Mar 7 - 1909

" at Greenmount Cemetery

Thomas P. Rice F.A.

Dr. J. M. Smith

Dr. McCurdy

Name  
in Full

Marietta Murdock

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Frederick* Town *Frederick* County **MARYLAND**

Date of death *1909* Month *3* Day *1* Age *64* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Fred's Co Md*

Occupation *House Wife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of ~~Wife~~ Husband *John J. Murdock*

Father's Name *George Johnson* Father's Birthplace *Maryland*

Mother's Maiden Name *Annie Williams* Mother's Birthplace *" "*

Name of person giving Information *J. J. Murdock* How related to deceased *Husband*

## CAUSES OF DEATH

27

Primary *Pulmonary Tuberculosis* How long *Indefinite*

Immediate *Pulmonary Hemorrhage* How long *Several minutes*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*U. G. Brown MD*

Address

*Frederick, Md*Accident or Suicide *---*PHYSICIAN  
OR CORONER

Interment Mar 4 - 1909  
" at Laboring Son's Cemetery  
Thomas T. Rice F. & O.

Dr Bourne,

Dr McBurdy.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Infant of H. Stalle

Town

Brunswick

County

Frederick

MARYLAND

Date

of death 1909

Month

Nov

Day

20

Years

Age

—

Months

—

Days

3

Sex

Male

Color or  
Race

White

Birth-  
place

Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

William Henry Stalle

Father's  
Birthplace

Md

Mother's  
Maiden NameDna Biser M<sup>c</sup>BrideMother's  
Birthplace

Md

Name of person giving  
InformationDna Biser M<sup>c</sup>BrideHow related  
to deceased

Mother

## CAUSES OF DEATH

71

Primary

Convulsion

(cerebral origin)

How long

2 days

Immediate

How long

1

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

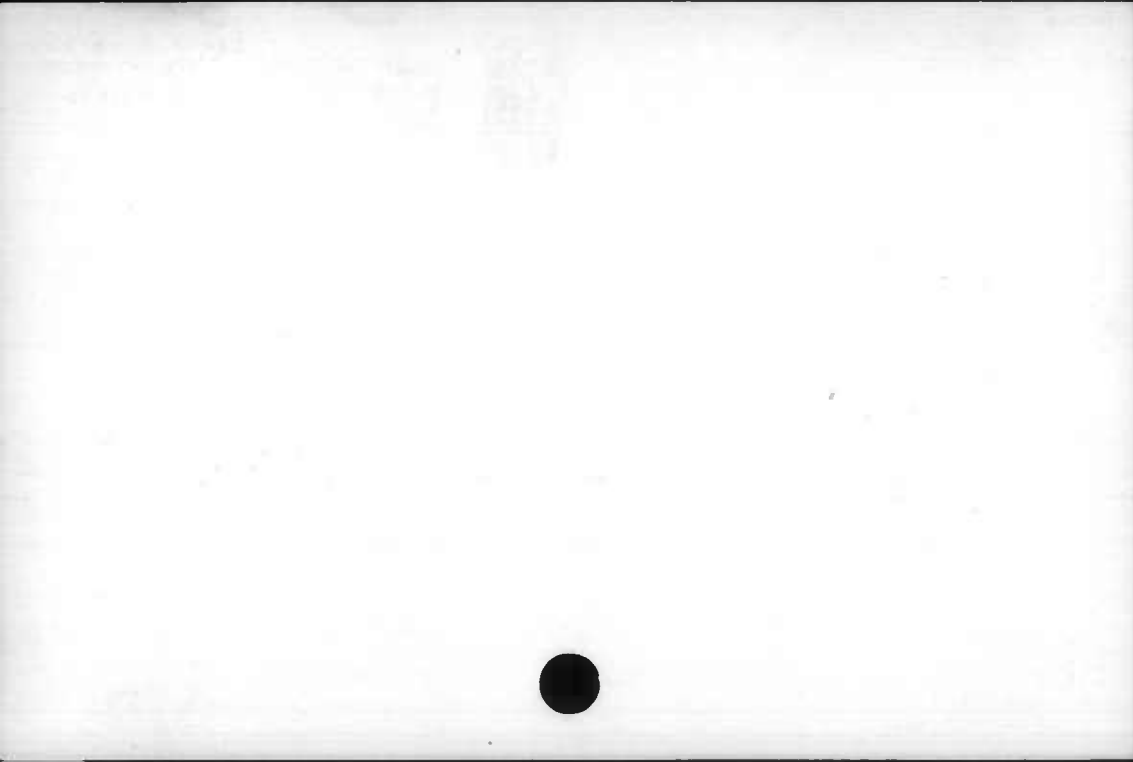
Linn Hart

Address

Brunswick  
Frederick Co

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Peyton H. Nicely

## CERTIFICATE OF DEATH

Town

County

Died at

Fredericks

Frederick

MARYLAND

Date

of death 1909

Month

3

Day

23

Year

Age

0

Months

0

Days

2

Sex

Male

Color or  
Race

White

Birth-  
place

Frederick

Occupation

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Peyton H. Nicely

Father's  
Birthplace

Martinsburg W. Va

Mother's  
Maiden Name

Mae Emerson

Mother's  
Birthplace

" " "

Name of person giving  
Information

P. H. Nicely

How related  
to deceased

Father

## CAUSES OF DEATH

151

Primary

Atelectasis

How long

2

Immediate

Embolism

How long

2 Hours

Are the name, age, sex, color, data  
and place correctly given above?

yes

Signature of  
Physician

Address

F. H. Hedger  
Frederick

Accident or Suicide

~ ~ ~

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Mar 24 - 1909.

" at Mt. Olivet Cemetery

Thomas P. Rice F. & I.

Dr. Hedgie's

— — —  
Dr. M<sup>c</sup>Burdy.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Caroline Elizabeth Nichols

MARYLAND

Died at <sup>Town</sup> Mountville<sup>County</sup> Frederick

Date of death 1909 March 13

Age <sup>Years</sup> About (70)

Months

Days

Sex Female

Color or Race Black

Birth-place Virginia

Occupation House-wife

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband

George Washington Nichols

Father's Name Richard Carr

Father's Birthplace Virginia

Mother's Maiden Name Don't know

Mother's Birthplace Virginia

Name of person giving information George Washington Nichols

How related to deceased Husband,

## CAUSES OF DEATH

Primary Age and Exposure

How long -

Immediate Influenza

How long one week.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

J. G. Thomas

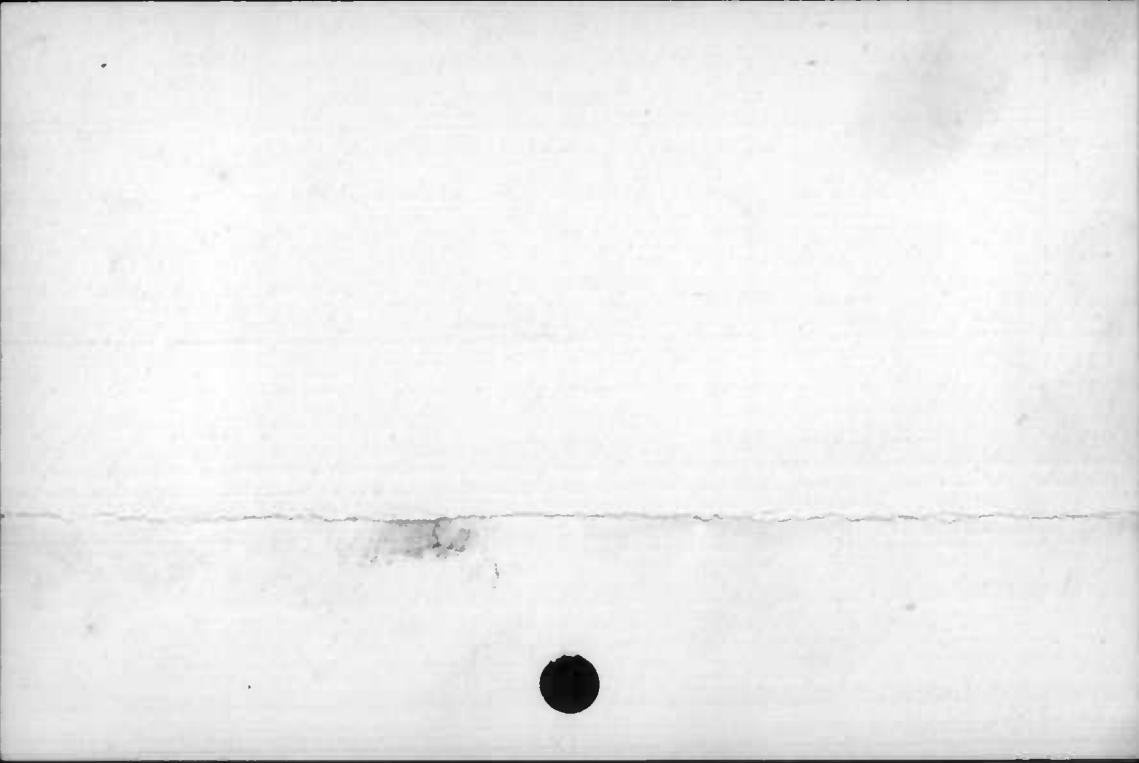
Address

Adamstown,

Accident or Suicide?

Md.

PHYSICIAN  
OR CORONER



Name  
in  
Full

Margaret Noyland,

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

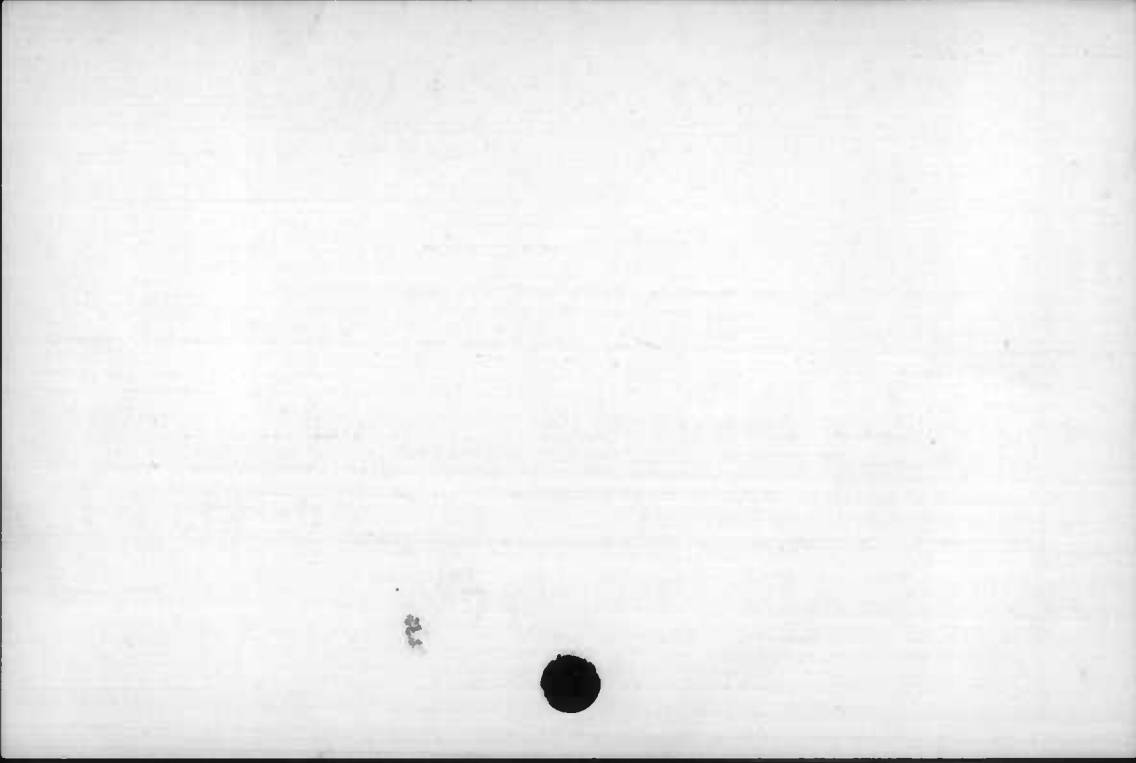
|                                                                              |                                         |                            |               |
|------------------------------------------------------------------------------|-----------------------------------------|----------------------------|---------------|
| Died at <i>Emmitsburg</i> <sup>Town</sup> <i>Frederick</i> <sup>County</sup> |                                         | MARYLAND                   |               |
| Date of death <i>1909</i>                                                    | Month <i>March</i>                      | Day <i>14</i>              | Age <i>75</i> |
| Sex <i>Female</i>                                                            | Color or Race <i>White</i>              | Birth-place <i>Ireland</i> |               |
| Occupation <i>Religious, in Charity</i>                                      | Where Residing if not at place of death |                            |               |
| Married, Single or Widowed <i>Single</i>                                     | Name of Wife or Husband                 |                            |               |
| Father's Name <i>Hugh Noyland</i>                                            | Father's Birthplace <i>Ireland</i>      |                            |               |
| Mother's Maiden Name <i>Mary Kelly</i>                                       | Mother's Birthplace <i>Ireland</i>      |                            |               |
| Name of person giving information <i>J. Bernard Orendorf</i>                 | How related to deceased <i>niece</i>    |                            |               |

CAUSES OF DEATH

65

PHYSICIAN  
OR CORONER

|                                                                                 |                                             |
|---------------------------------------------------------------------------------|---------------------------------------------|
| Primary <i>Softening of the Brain</i>                                           | How long <i>Two years</i>                   |
| Immediate <i>Acute Peritonitis of the</i>                                       | How long <i>4 Days</i>                      |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>John B. Brown</i> |
|                                                                                 | Address <i>Emmitsburg</i>                   |
| Accident or Suicide?                                                            |                                             |





Name  
in  
Full

Annie Mary Palmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                           |  |                                                     |  |                                     |  |               |  |
|-----------------------------------------------------------|--|-----------------------------------------------------|--|-------------------------------------|--|---------------|--|
| Died at <i>Fredericks</i>                                 |  | Town <i>Fredericks</i>                              |  | County <i>Fredericks</i>            |  | MARYLAND      |  |
| Date of death <i>1909</i>                                 |  | Month <i>3</i>                                      |  | Day <i>1</i>                        |  | Age <i>21</i> |  |
| Sex <i>Female</i>                                         |  | Color or Race <i>Black</i>                          |  | Birth-place <i>Fredericks Co Md</i> |  |               |  |
| Occupation <i>Maid</i>                                    |  | Where Residing if not at place of death <i>Same</i> |  |                                     |  |               |  |
| Married, Single or Widowed <i>Single</i>                  |  | Name of Wife or Husband                             |  |                                     |  |               |  |
| Father's Name <i>Henry Palmer</i>                         |  | Father's Birthplace <i>Montg Co Md</i>              |  |                                     |  |               |  |
| Mother's Maiden Name <i>Jennie Smith</i>                  |  | Mother's Birthplace <i>Fredericks Co Md</i>         |  |                                     |  |               |  |
| Name of person giving Information <i>Mrs. Jennie Wise</i> |  | How related to deceased <i>Mother</i>               |  |                                     |  |               |  |

## CAUSES OF DEATH

|                                                                                 |                                                  |
|---------------------------------------------------------------------------------|--------------------------------------------------|
| Primary <i>Lymphoid</i>                                                         | How long <i>3 weeks</i>                          |
| Immediate <i>Leitonia</i>                                                       | How long <i>36 hours</i>                         |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>B. B. Thomas, M.D.</i> |
|                                                                                 | Address <i>Fredericks Md</i>                     |
| Accident or Suicide <i>---</i>                                                  |                                                  |

PHYSICIAN  
OR CORONER

Interment Mar 3 -1909  
" at Greenmount Cemetery  
Thomas P. Rice F. & O.

Dr. B. O. Thomas.

Dr. M. C. Burdy,

Name  
in  
Full

## CERTIFICATE OF DEATH

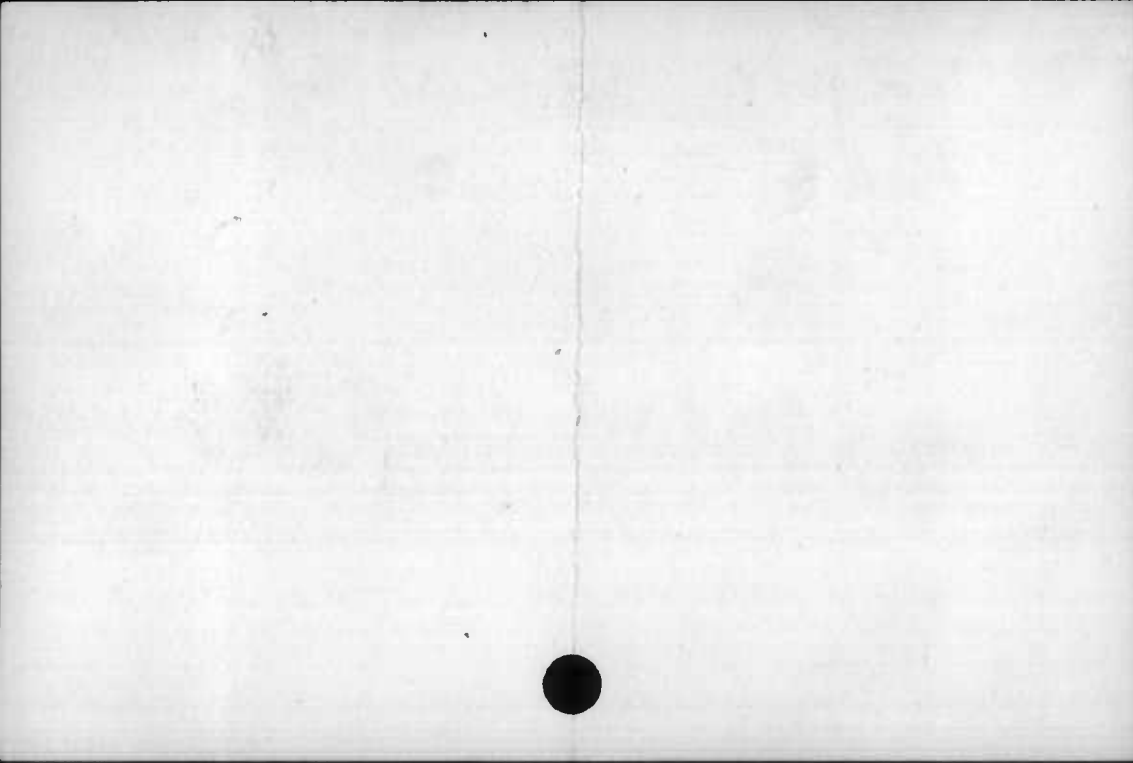
TO BE ANSWERED BY  
NEAREST FRIEND

|                                                            |  |                                                                   |  |                                |  |                 |  |
|------------------------------------------------------------|--|-------------------------------------------------------------------|--|--------------------------------|--|-----------------|--|
| Name <i>James Reddick</i>                                  |  | Town <i>Frederick</i>                                             |  | County <i>Frederick</i>        |  | MARYLAND        |  |
| Died at <i>City Hospital</i>                               |  | Month <i>March</i>                                                |  | Day <i>1</i>                   |  | Years <i>69</i> |  |
| Date of death <i>1909</i>                                  |  | Months <i>10</i>                                                  |  | Days <i>20+</i>                |  |                 |  |
| Sex <i>Male</i>                                            |  | Color or Race <i>White</i>                                        |  | Birth-place <i>New Liberty</i> |  |                 |  |
| Occupation                                                 |  | Where Residing if not at place of death <i>Crackersville, Md.</i> |  |                                |  |                 |  |
| Married, Single or Widowed                                 |  | Name of Wife or Husband <i>Mary C. Reddick, nee Foreman</i>       |  |                                |  |                 |  |
| Father's Name <i>Leonard Reddick</i>                       |  | Father's Birthplace <i>Johnsville, Md.</i>                        |  |                                |  |                 |  |
| Mother's Maiden Name <i>Jemima Watty</i>                   |  | Mother's Birthplace <i>Daysville, Md.</i>                         |  |                                |  |                 |  |
| Name of person giving information <i>George W. Reddick</i> |  | How related to deceased <i>Brother</i>                            |  |                                |  |                 |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                                 |  |                                               |  |
|---------------------------------------------------------------------------------|--|-----------------------------------------------|--|
| Primary Cause <i>(Traumatic) Cerebral Concussion</i>                            |  | How long <i>4 hrs 10 1/2 hrs</i>              |  |
| Immediate Cause <i>Meningitis</i>                                               |  | How long <i>3 days</i>                        |  |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> |  | Signature of Physician <i>Dr. J. M. Bundy</i> |  |
| Accident <i>Accident</i>                                                        |  | Address                                       |  |



Name  
in  
Full

Andrew H Rinehart, No 6,

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

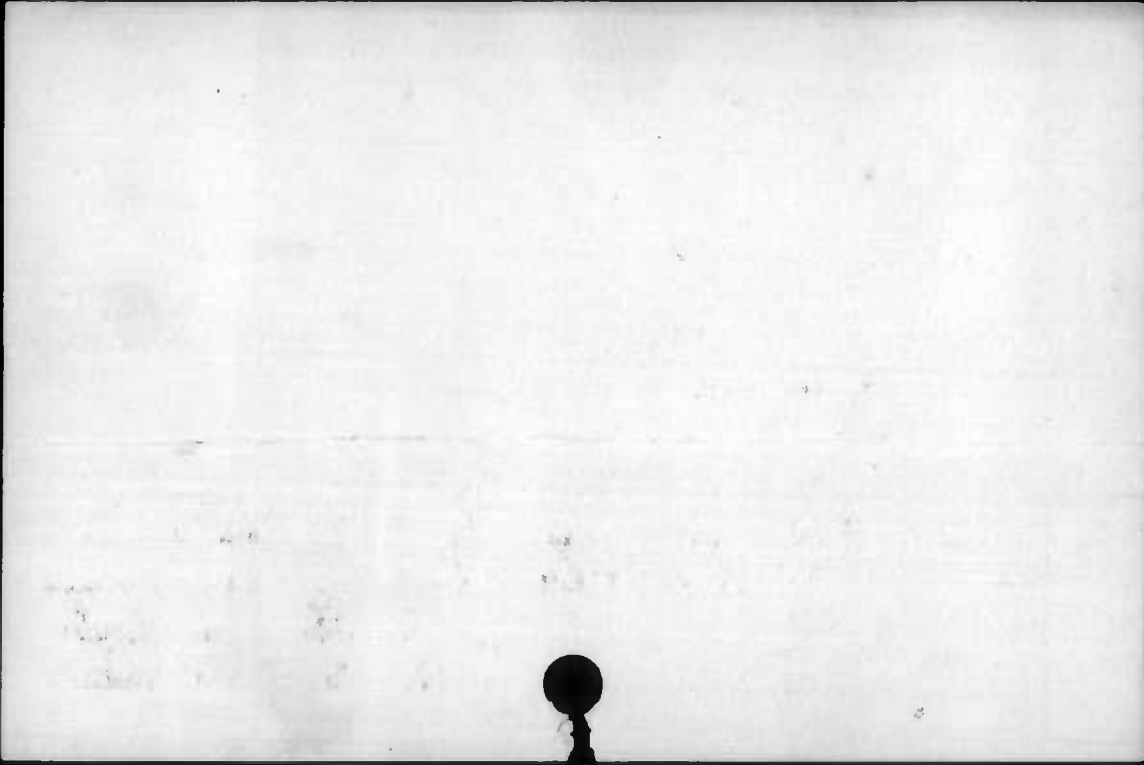
|                                             |                         |                                            |                         |                      |           |
|---------------------------------------------|-------------------------|--------------------------------------------|-------------------------|----------------------|-----------|
| Died at <b>Monrovia</b> <small>Town</small> |                         | <b>Frederick Co.</b> <small>County</small> |                         | <b>MARYLAND</b>      |           |
| Date of death                               | <b>1909</b>             | <b>3</b>                                   | <b>10</b>               | Age                  | <b>88</b> |
|                                             |                         | <b>7</b>                                   | <b>11</b>               | Months               | Days      |
| Sex                                         | <b>Male</b>             |                                            | Color or Race           | <b>White</b>         |           |
| Occupation                                  | <b>Miller</b>           |                                            | Birth-place             | <b>Walkersville</b>  |           |
| Where Residing if not at place of death     |                         |                                            |                         |                      |           |
| Married, Single or <del>Widowed</del>       | Name of Wife or Husband |                                            | <b>Maria Plame</b>      |                      |           |
| Father's Name                               | <b>George Rinehart</b>  |                                            | Father's Birthplace     | <b>Frederick</b>     |           |
| Mother's Maiden Name                        | <b>Susan Smith</b>      |                                            | Mother's Birthplace     | <b>Frederick Co.</b> |           |
| Name of person giving information           | <b>Ida. Rinehart</b>    |                                            | How related to deceased | <b>Daughter</b>      |           |

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

|                                                                      |                         |                         |                   |
|----------------------------------------------------------------------|-------------------------|-------------------------|-------------------|
| Primary                                                              | <b>General debility</b> | How long                | <b>Six months</b> |
| Immediate                                                            | <b>Pneumonia</b>        | How long                | <b>Six days</b>   |
| Are the name, age, sex, color, date and place correctly given above? |                         | Signature of Physician  |                   |
|                                                                      |                         | <b>Dr. Thomas M. D.</b> |                   |
|                                                                      |                         | Address                 |                   |
|                                                                      |                         | <b>Frederick</b>        |                   |
|                                                                      |                         | <b>Ind</b>              |                   |
| Accident or Suicide?                                                 |                         |                         |                   |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                           |  |                                                     |  |                                 |  |                 |  |
|-----------------------------------------------------------|--|-----------------------------------------------------|--|---------------------------------|--|-----------------|--|
| Name <i>John Rollins</i>                                  |  | Town <i>Frederick</i>                               |  | County <i>Frederick</i>         |  | MARYLAND        |  |
| Died at <i>Frederick</i>                                  |  | Month <i>3</i>                                      |  | Day <i>22</i>                   |  | Years <i>46</i> |  |
| Date of death <i>1909</i>                                 |  | Month <i>3</i>                                      |  | Day <i>22</i>                   |  | Age <i>46</i>   |  |
| Sex <i>Male</i>                                           |  | Color or Race <i>Black</i>                          |  | Birth-place <i>Montg Co. Md</i> |  |                 |  |
| Occupation <i>Laborer</i>                                 |  | Where Reaiding if not at place of death <i>Same</i> |  |                                 |  |                 |  |
| Married, Single or Widowed <i>Married</i>                 |  | Name of Wife or Husband <i>Sarah E. Cole</i>        |  |                                 |  |                 |  |
| Fether's Name <i>John Rollins</i>                         |  | Father's Birthplace <i>Maryland</i>                 |  |                                 |  |                 |  |
| Mother's Maiden Name <i>Unknown</i>                       |  | Mother's Birthplace <i>—</i>                        |  |                                 |  |                 |  |
| Name of person giving Information <i>Sarah E. Rollins</i> |  | How related to deceased <i>Wife</i>                 |  |                                 |  |                 |  |

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

|                                                                                 |                                                 |
|---------------------------------------------------------------------------------|-------------------------------------------------|
| Primary <i>Pneumonia</i>                                                        | How long <i>One week</i>                        |
| Immediate <i>Cardiac Asthenia</i>                                               | How long <i>Several years</i>                   |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>W. G. Bourne M.D.</i> |
|                                                                                 | Address <i>Frederick Md</i>                     |
| Accident or Suicide <i>~</i>                                                    |                                                 |

Interment Mar 24 - 1909,

" at Greenmount Cemetery

Thomas P. Rice F. D.

Dr Bourne  
— —

Dr. McQuady.



Name  
in  
Full

Robert E. Russell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Near <sup>Town</sup> *Levinistown* <sup>County</sup> *Frederick* **MARYLAND**  
 Died at  
 Date of death *1909* <sup>Month</sup> *3* <sup>Day</sup> *7* <sup>Years</sup> *71* <sup>Months</sup> *—* <sup>Days</sup> *—*  
 Sex *Male* Color or Race *Black* Birthplace *Maryland*  
 Occupation *Laborer* Where Residing if not at place of death *Same*  
 Married, Single or Widowed *Widower* Name of Wife or Huabend *Mary Anderson*  
 Father's Name *Anthony Russell* Fether's Birthplace *Maryland*  
 Mother's Meiden Name *Matilda Butler* Mother's Birthplace *"*  
 Name of parson giving Information *Mary Norris* How related to deceased *Sister*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Organic Heart Disease* How long *50 years*  
 Immediate *Exhaustion* How long *Indefinite*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. Brown, M.D.*  
 Address *Frederick, Md.*  
 Accident or Suicide *—*

Interment Mar 8 - 1909

" at Greenmount Cemetery

Thomas P. Rice F. & L.

Dr Boerne

Dr Goodell

Dr McGurdy

Name  
in  
FullAsm Batharine Schindler  
Middletown Frederick County

## CERTIFICATE OF DEATH

MARYLAND

Died at  
Date of death 1909 Mar 24 Age 99 10 Months 3 Days

Sex Female Color or Race White Birth-place Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband David Schindler

Father's Name Christopher Michael Father's Birthplace Md

Mother's Maiden Name Batharine Stumble Mother's Birthplace Md

Name of person giving information F. L. Ed. Barnes How related to deceased Grand Son

## CAUSES OF DEATH

154

Primary Old Age How long

Immediate General debility How long

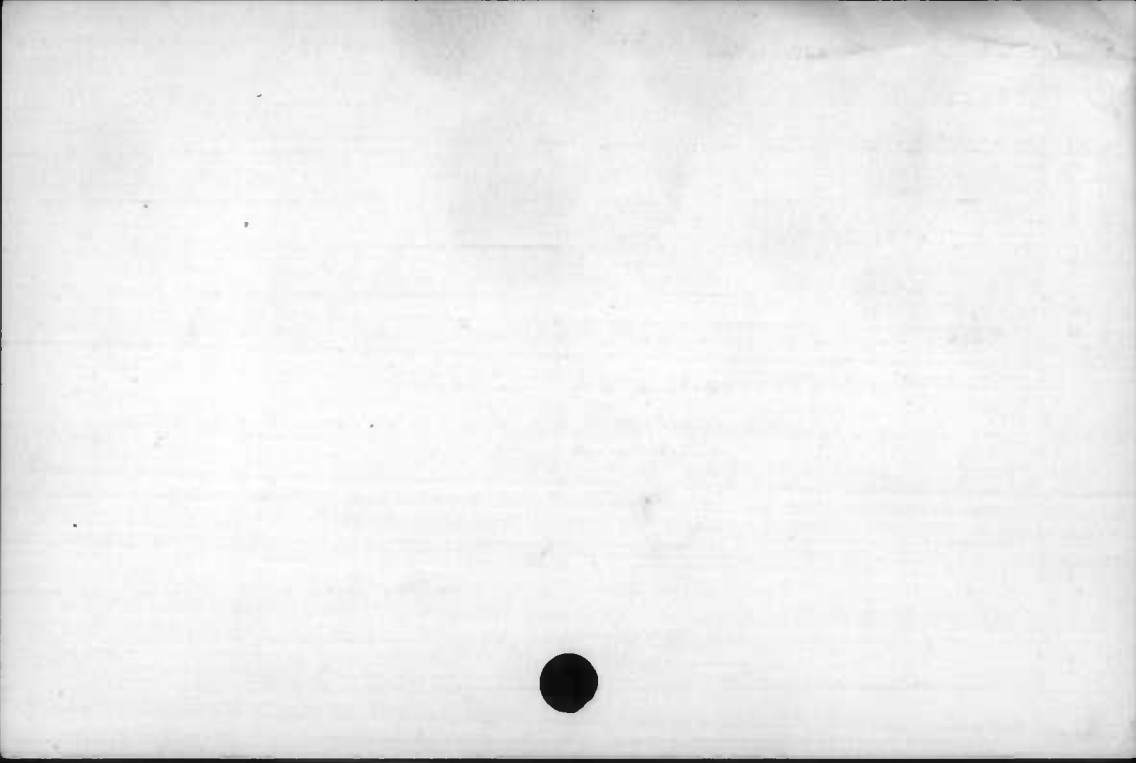
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Thomas Schley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                             |                                         |                                        |                                |    |          |    |
|-----------------------------------|-----------------------------|-----------------------------------------|----------------------------------------|--------------------------------|----|----------|----|
| Died at <i>Fredrick</i>           |                             | Town <i>Fredrick</i>                    |                                        | County <i>Fredrick</i>         |    | MARYLAND |    |
| Date of death                     | 1909                        | Month                                   | 3                                      | Day                            | 11 | Years    | 51 |
| Sex <i>Male</i>                   |                             | Color or Race <i>White</i>              |                                        | Birth-place <i>Fredrick Md</i> |    | Months   | 2  |
| Occupation <i>Publisher</i>       |                             | Where Residing if not at place of death |                                        |                                |    |          |    |
| Married, Single or Widowed        | <i>Married</i>              |                                         | Name of Wife <i>Mary Elizabeth</i>     |                                |    |          |    |
| Father's Name                     | <i>Edward Schley</i>        |                                         | Father's Birthplace <i>Fredrick Md</i> |                                |    |          |    |
| Mother's Maiden Name              | <i>Eve Margaret Bringle</i> |                                         | Mother's Birthplace <i>" "</i>         |                                |    |          |    |
| Name of person giving information | <i>Mrs Thos Schley</i>      |                                         | How related to deceased <i>Wife</i>    |                                |    |          |    |

## CAUSES OF DEATH

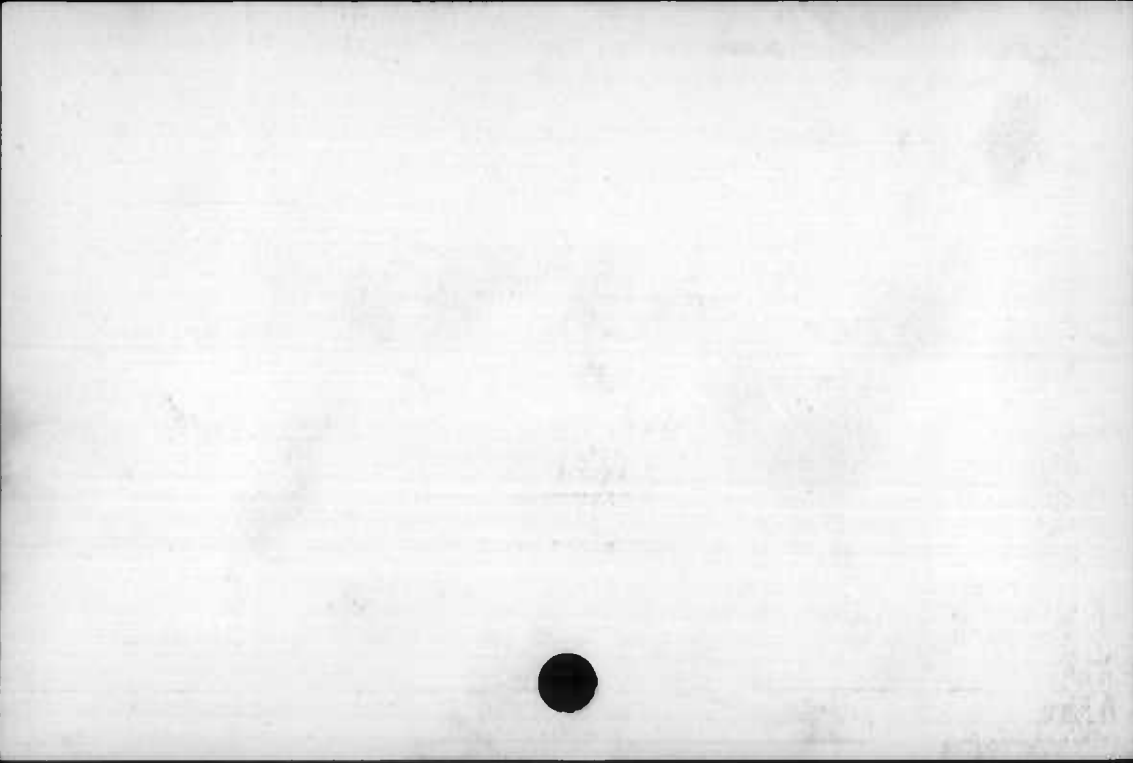
80

PHYSICIAN  
OR CORONER

|                                                                      |                        |                                      |                  |
|----------------------------------------------------------------------|------------------------|--------------------------------------|------------------|
| Primary                                                              | <i>Angina Pectoris</i> | How long                             | <i>1 hour</i>    |
| Immediate                                                            | <i>Cardiac Syncope</i> | How long                             | <i>immediate</i> |
| Are the name, age, sex, color, date and place correctly given above? |                        | Signature of Physician <i>Sabner</i> |                  |
|                                                                      |                        | Address <i>Fredrick</i>              |                  |
| Accident or Suicide?                                                 |                        |                                      |                  |

bb Carley

|                                     |  |                                                                                 |                                                        |                                                 |                                   |                                |                               |
|-------------------------------------|--|---------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------|-----------------------------------|--------------------------------|-------------------------------|
| Name in Full                        |  | Mary E Sewell                                                                   |                                                        | No 8                                            |                                   | CERTIFICATE OF DEATH           |                               |
| TO BE ANSWERED BY<br>NEAREST FRIEND |  | Died at <i>New Market</i> <small>Town</small>                                   |                                                        | <i>Frederick</i> <small>County</small>          |                                   | MARYLAND                       |                               |
|                                     |  | Date of death <i>1909</i>                                                       | <i>3</i> <small>Month</small>                          | <i>26</i> <small>Day</small>                    | <i>61</i> <small>Years</small>    | <i>8</i> <small>Months</small> | <i>25</i> <small>Days</small> |
|                                     |  | Sex <i>Female</i>                                                               | Color or Race <i>Black</i>                             |                                                 | Birth-place <i>New Market, Md</i> |                                |                               |
|                                     |  | Occupation <i>Laborer</i>                                                       |                                                        | Where Residing if not at place of death _____   |                                   |                                |                               |
|                                     |  | Married, Single or Widowed <i>married</i>                                       | Name of <del>Wife or</del> Husband <i>Henry Sewell</i> |                                                 |                                   |                                |                               |
|                                     |  | Father's Name <i>Milton Simpson</i>                                             | Father's Birthplace <i>Frederick Co. Md</i>            |                                                 |                                   |                                |                               |
|                                     |  | Mother's Maiden Name <i>Elisabeth Coates</i>                                    | Mother's Birthplace <i>" "</i>                         |                                                 |                                   |                                |                               |
|                                     |  | Name of person giving information <i>Henry Sewell</i>                           |                                                        | How related to deceased <i>Husband</i>          |                                   |                                |                               |
|                                     |  |                                                                                 |                                                        | CAUSES OF DEATH                                 |                                   |                                |                               |
| PHYSICIAN<br>OR CORONER             |  | Primary <i>Apoplexy</i>                                                         |                                                        | How long <i>20 hours</i>                        |                                   |                                |                               |
|                                     |  | Immediate                                                                       |                                                        | How long                                        |                                   |                                |                               |
|                                     |  | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> |                                                        | Signature of Physician <i>H. H. Hopkins M.D</i> |                                   |                                |                               |
|                                     |  |                                                                                 |                                                        | Address <i>New Market, Md.</i>                  |                                   |                                |                               |
|                                     |  | Accident or Suicide? <i>no</i>                                                  |                                                        |                                                 |                                   |                                |                               |





Name  
in  
Full

## CERTIFICATE OF DEATH

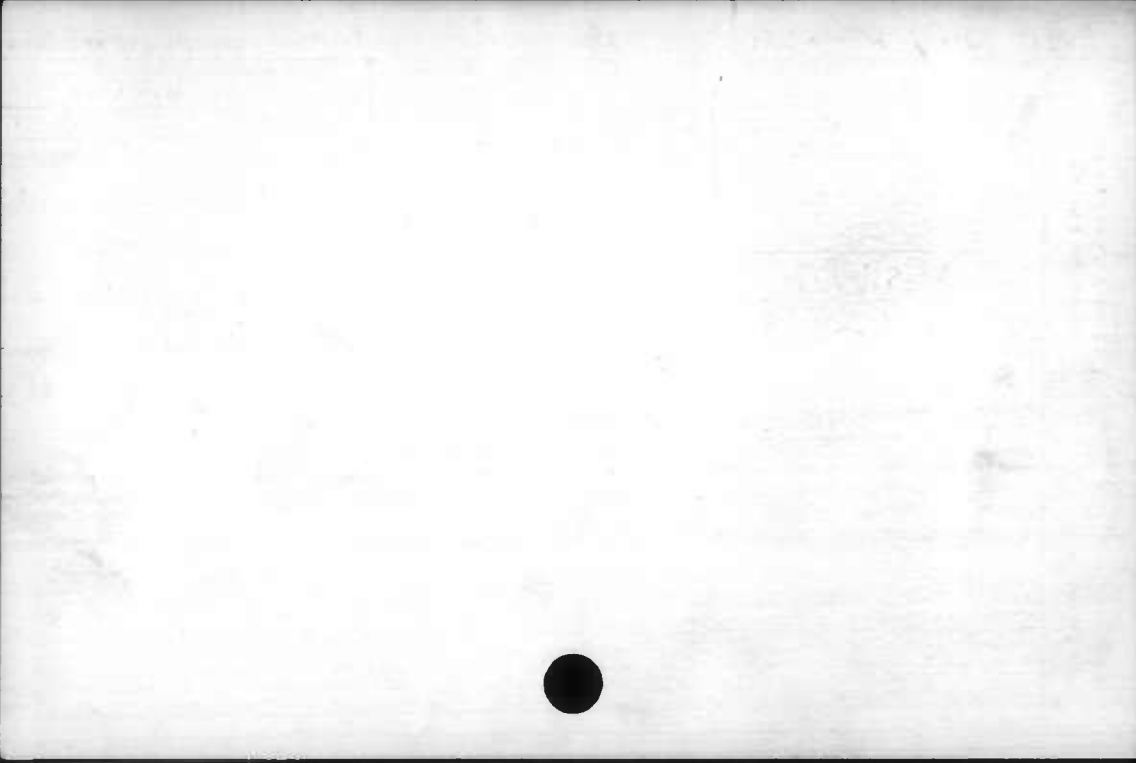
TO BE ANSWERED BY  
NEAREST FRIEND

|                                                         |  |                                                     |  |                           |  |                    |  |
|---------------------------------------------------------|--|-----------------------------------------------------|--|---------------------------|--|--------------------|--|
| Name in Full<br><i>Joseph Shilling</i>                  |  | Town<br><i>Brunswick</i>                            |  | County<br><i>Fredrick</i> |  | MARYLAND           |  |
| Died at                                                 |  | Month<br><i>March</i>                               |  | Day<br><i>6</i>           |  | Years<br><i>67</i> |  |
| Date of death<br><i>1909</i>                            |  | Month<br><i>March</i>                               |  | Day<br><i>6</i>           |  | Age<br><i>67</i>   |  |
| Sex<br><i>Male</i>                                      |  | Color or Race<br><i>white</i>                       |  | Birth-place<br><i>Md.</i> |  |                    |  |
| Occupation<br><i>laborer</i>                            |  | Where Residing if not at place of death<br><i>—</i> |  |                           |  |                    |  |
| Married, Single or Widowed<br><i>Single</i>             |  | Name of Wife or Husband<br><i>—</i>                 |  |                           |  |                    |  |
| Father's Name<br><i>John Shilling</i>                   |  | Father's Birthplace<br><i>Do not know</i>           |  |                           |  |                    |  |
| Mother's Maiden Name<br><i>Catherine E. Shelton</i>     |  | Mother's Birthplace<br><i>Do not know</i>           |  |                           |  |                    |  |
| Name of person giving Information<br><i>Martha Barr</i> |  | How related to deceased<br><i>Niece</i>             |  |                           |  |                    |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|                                                                                    |                                                |
|------------------------------------------------------------------------------------|------------------------------------------------|
| Primary<br><i>Cerebral Hemorrhage (?)</i>                                          | How long<br><i>5 minutes ?</i>                 |
| Immediate<br><i>—</i>                                                              | How long<br><i>—</i>                           |
| Are the name, age, sex, color, date and place correctly given above?<br><i>Yes</i> | Signature of Physician<br><i>C. W. R. Crum</i> |
|                                                                                    | Address<br><i>Brunswick — Md.</i>              |
| Accident or Suicide                                                                |                                                |



Name  
in  
Full

Laura Coroline Shriner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

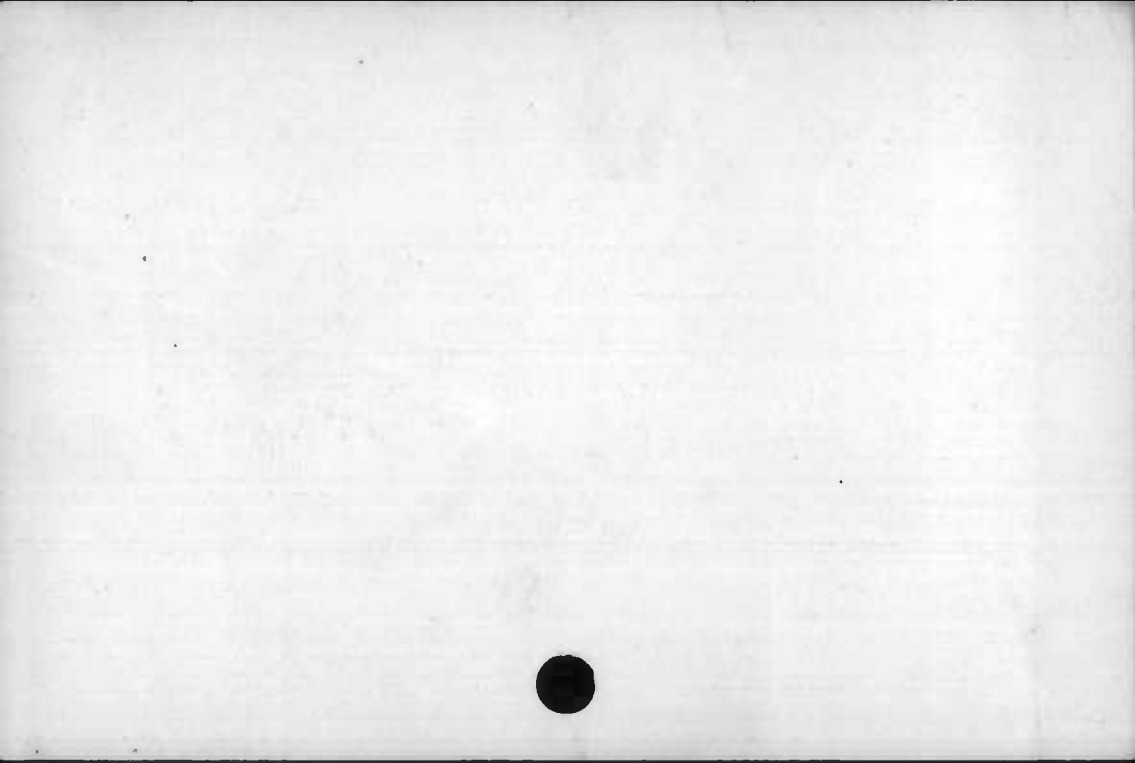
|                                                |                                  |                                        |                                         |                                 |                                          |
|------------------------------------------------|----------------------------------|----------------------------------------|-----------------------------------------|---------------------------------|------------------------------------------|
| Died at <i>Rocky Ridge</i> <small>Town</small> |                                  | <i>Fredesick</i> <small>County</small> |                                         | MARYLAND                        |                                          |
| Date of death                                  | <i>1909</i> <small>Month</small> | <i>Nov.</i> <small>Day</small>         | <i>6</i> <small>Years</small>           | <i>47</i> <small>Months</small> | <i>11</i> <small>Days</small>            |
| Sex                                            | <i>Female</i>                    | Color or Race                          | <i>white</i>                            | Birth place                     | <i>Emmitsburg Md.</i>                    |
| Occupation                                     | <i>Housewife</i>                 |                                        | Where Residing if not at place of death |                                 |                                          |
| Married, Single or Widowed                     | <i>Married</i>                   | Name of Wife or Husband                | <i>Joseph F. Shriner</i>                |                                 |                                          |
| Father's Name                                  | <i>Jacob Eyles</i>               |                                        |                                         | Father's Birthplace             | <i>Fredk. Co. Md.</i>                    |
| Mother's Maiden Name                           | <i>Matilda Auster</i>            |                                        |                                         | Mother's Birthplace             | <i>Easton Shore Md.</i>                  |
| Name of person giving information              | <i>Joseph F. Shriner</i>         |                                        |                                         | How related to deceased         | <i>place not known</i><br><i>Husband</i> |

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|                                                                      |                               |                        |                                  |
|----------------------------------------------------------------------|-------------------------------|------------------------|----------------------------------|
| Primary                                                              | <i>Pulmonary Tuberculosis</i> | How long               | <i>4 years</i>                   |
| Immediate                                                            | <i>Pulmonary hemorrhage</i>   | How long               | <i>occasionally for 4 months</i> |
| Are the name, age, sex, color, date and place correctly given above? |                               | Signature of Physician | <i>C. H. Diller</i>              |
|                                                                      |                               | Address                | <i>Detour</i>                    |
| Accident or Suicide? <i>—</i>                                        |                               | <i>Carroll Co. Md.</i> |                                  |



Name  
in  
Full

Ralph W. T. Six

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Frederick <sup>Town</sup> Frederick <sup>County</sup> **MARYLAND**

Date of death 1909 <sup>Month</sup> 3 <sup>Day</sup> 24 <sup>Years</sup> — <sup>Months</sup> 3 <sup>Days</sup> 18

Sex Male Color or Race White Birth-place Frederick

Occupation — Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Osborne I. Six Father's Birthplace Frederick

Mother's Maiden Name Mamie D. Boone Mother's Birthplace Frederick Co. Md.

Name of person giving Information Osborne I. Six. How related to deceased Father

## CAUSES OF DEATH

92

Primary Bronchial Pneumonia <sup>How long</sup> 1 week

Immediate Cardiac Exhaustion <sup>How long</sup> 3 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. L. Lyson,  
Frederick,  
Md.

Accident or Suicide

—PHYSICIAN  
OR CORONER

Interment Mar 26-1909

" at Mt. Olivet Cemetery

Thomas P. Rice F. O.

Dr Fyson

Dr McCurdy

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                                     |  |                                                                  |  |                                    |  |                 |  |
|-----------------------------------------------------|--|------------------------------------------------------------------|--|------------------------------------|--|-----------------|--|
| Name <i>John Smith</i>                              |  | Town <i>Frederick</i>                                            |  | County <i>Frederick</i>            |  | MARYLAND        |  |
| Died at <i>Frederick</i>                            |  | Month <i>3</i>                                                   |  | Day <i>18</i>                      |  | Years <i>72</i> |  |
| Date of death <i>1909</i>                           |  | Month <i>3</i>                                                   |  | Day <i>18</i>                      |  | Years <i>72</i> |  |
| Sex <i>Male</i>                                     |  | Color or Race <i>White</i>                                       |  | Birth-place <i>Frederick Co Md</i> |  | Months <i>0</i> |  |
| Occupation <i>Farmer</i>                            |  | Where Residing if not at place of death <i>Near Woodsboro Md</i> |  | Days <i>14</i>                     |  |                 |  |
| Married, Single or Widowed <i>Married</i>           |  | Name of Wife ex. <i>Mary Jane Gilbert</i>                        |  | Husband                            |  |                 |  |
| Father's Name <i>John Smith</i>                     |  | Father's Birthplace <i>Frederick Co Md</i>                       |  |                                    |  |                 |  |
| Mother's Maiden Name <i>Elizabeth Frock</i>         |  | Mother's Birthplace <i>Pa.</i>                                   |  |                                    |  |                 |  |
| Name of person giving Information <i>John Smith</i> |  | How related to deceased <i>Son</i>                               |  |                                    |  |                 |  |

## CAUSES OF DEATH

|                                                                                 |                                                |
|---------------------------------------------------------------------------------|------------------------------------------------|
| Primary <i>Prostatectomy - <del>trauma</del> (complete retention) of urine</i>  | How long <i>10 days</i>                        |
| Immediate <i>Uræmia</i>                                                         | How long <i>one week</i>                       |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. Hendrix, M.D.</i> |
|                                                                                 | Address <i>Frederick, Md</i>                   |
| Accident or Suicide <i>---</i>                                                  |                                                |

PHYSICIAN  
OR CORONER

Interment Mar 21 - 1909

" at Woodsboro. Cemetery

O. A. Sharrett's Fd,

Dr. Hendrix.

Dr McCusdy



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

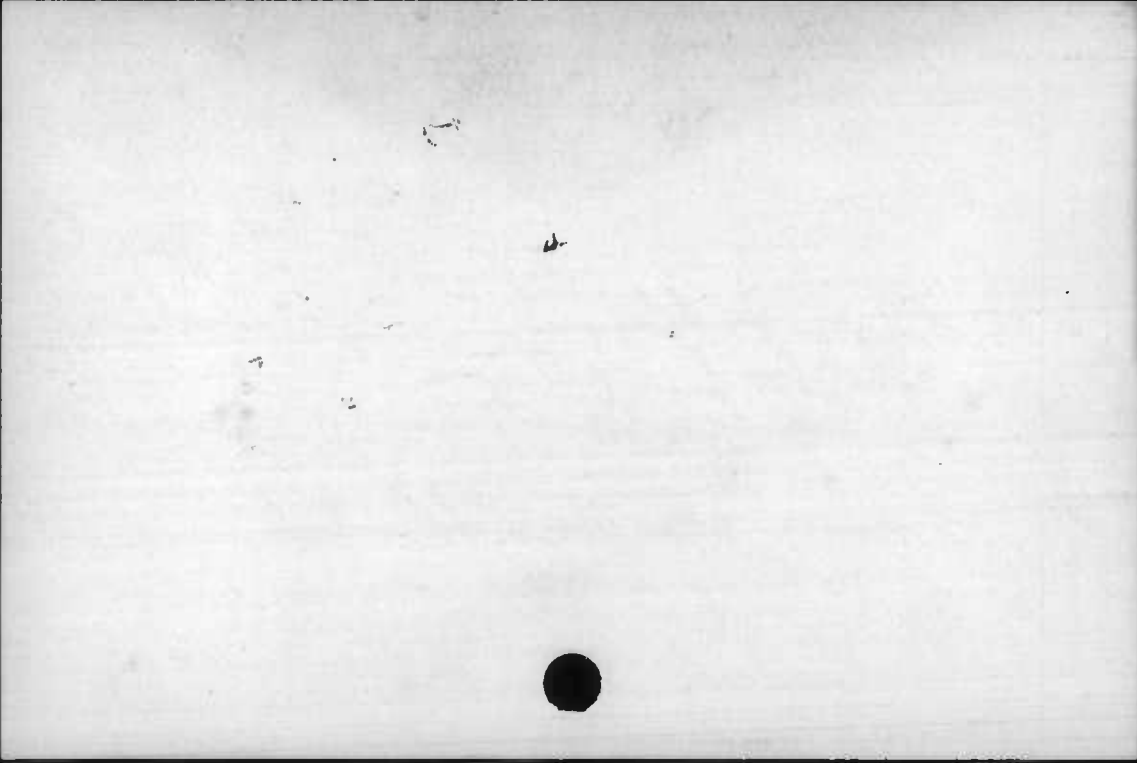
|                                   |  |                         |     |                                         |       |          |      |
|-----------------------------------|--|-------------------------|-----|-----------------------------------------|-------|----------|------|
| Died at                           |  | Tcwo                    |     | County                                  |       | MARYLAND |      |
| Date of death                     |  | Month                   | Day | Age                                     | Years | Months   | Days |
| 1909                              |  | March                   | 28  | 49                                      |       | 2        | 18   |
| Sex                               |  | Color or Race           |     | Birth-place                             |       |          |      |
| Female                            |  | white                   |     | Frederick Co.                           |       |          |      |
| Occupation                        |  |                         |     | Where Residing if not at place of death |       |          |      |
| Housewife                         |  |                         |     | Tcwo                                    |       |          |      |
| Married, Single or Widowed        |  | Name of Wife or Husband |     |                                         |       |          |      |
| Married                           |  | Stuart Snoots           |     |                                         |       |          |      |
| Father's Name                     |  |                         |     | Father's Birthplace                     |       |          |      |
| Armstrong Magaha                  |  |                         |     | Virginia                                |       |          |      |
| Mother's Maiden Name              |  |                         |     | Mother's Birthplace                     |       |          |      |
| Margaret Wimmer                   |  |                         |     | Virginia                                |       |          |      |
| Name of person giving information |  |                         |     | How related to deceased                 |       |          |      |
| Steven Snoots                     |  |                         |     | Husband                                 |       |          |      |

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

|                                                                      |                                  |                        |         |
|----------------------------------------------------------------------|----------------------------------|------------------------|---------|
| Primary                                                              | Osteoarthritis (about hip joint) | How long               | 8 mos - |
| Immediate                                                            | Metastases & complete exhaustion | How long               | 1 mo -  |
| Are the name, age, sex, color, date and place correctly given above? |                                  | Signature of Physician |         |
| Yes                                                                  |                                  | C. W. R. C. (J.)       |         |
|                                                                      |                                  | Address                |         |
|                                                                      |                                  | Tcwo, Md.              |         |
| Accident or Suicide?                                                 |                                  |                        |         |
| No.                                                                  |                                  |                        |         |



Name  
in  
Full

Elsworth Stanton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

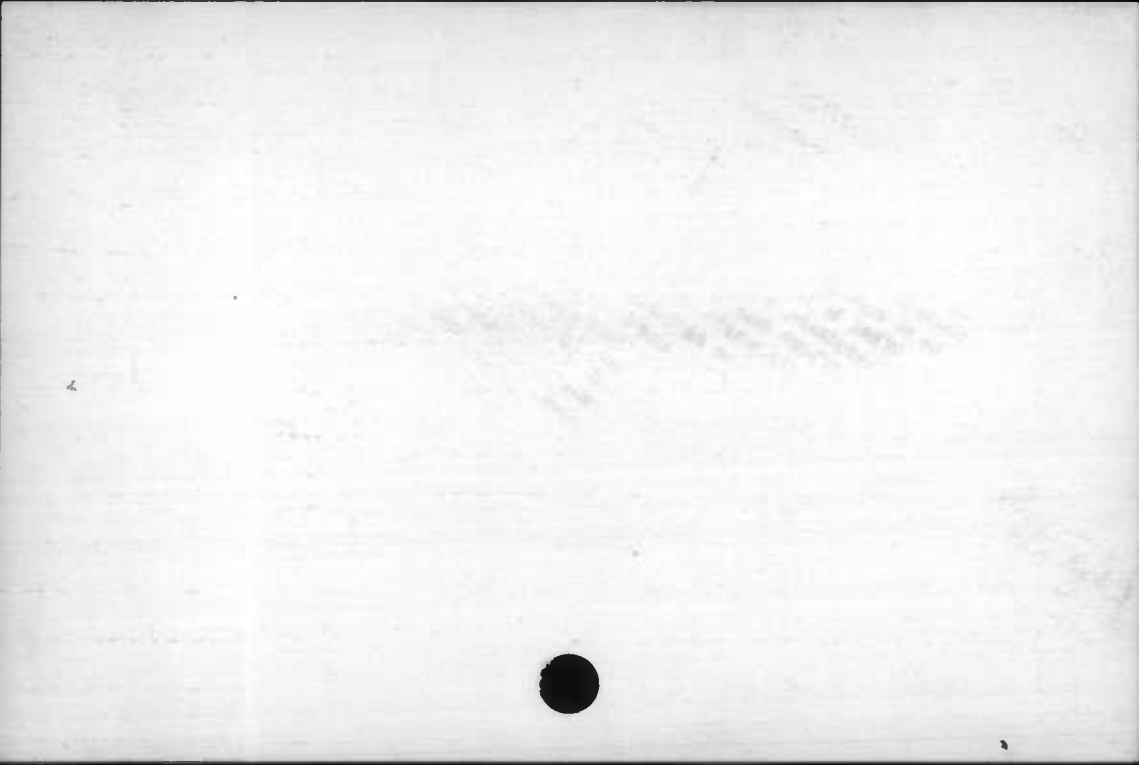
|                                            |                                 |                                                                  |                |                                |                              |
|--------------------------------------------|---------------------------------|------------------------------------------------------------------|----------------|--------------------------------|------------------------------|
| Died at <u>Comfort</u> <small>Town</small> |                                 | <u>Frederick</u> <small>County</small>                           |                | MARYLAND                       |                              |
| Date of death                              | <u>190</u> <small>Month</small> | <u>19</u> <small>Day</small>                                     | Age            | <u>3</u> <small>Months</small> | <u>2</u> <small>Days</small> |
| Sex                                        | <u>Boy</u>                      | Color or Race                                                    | <u>Colored</u> | Birth-place                    | <u>Comfort</u>               |
| Occupation                                 | <u>None</u>                     | Where Residing if not at place of death <u>At place of death</u> |                |                                |                              |
| Married, Single or Widowed                 | <u>Single</u>                   | Name of Wife or Husband                                          | <u>None</u>    |                                |                              |
| Father's Name                              | <u>Harry Hollings</u>           |                                                                  |                | Father's Birthplace            | <u>Unknown</u>               |
| Mother's Maiden Name                       | <u>Pearley E. Stanton</u>       |                                                                  |                | Mother's Birthplace            | <u>Unionville</u>            |
| Name of person giving information          | <u>Phil Stanton</u>             |                                                                  |                | How related to deceased        | <u>Grandfather</u>           |

CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

|                                                                      |                                                |            |                        |                                 |
|----------------------------------------------------------------------|------------------------------------------------|------------|------------------------|---------------------------------|
| Primary                                                              | <u>I never saw the child while it was sick</u> |            | How long               | <u>said to be</u>               |
| Immediate                                                            | <u>said to be</u>                              |            | How long               | <u>sharper</u>                  |
| Are the name, age, sex, color, date and place correctly given above? |                                                | <u>Yes</u> | Signature of Physician | <u>M. S. Leary</u> <u>MD</u>    |
|                                                                      |                                                |            | Address                | <u>Unionville</u><br><u>MD.</u> |
| Accident or Suicide?                                                 |                                                |            |                        |                                 |



Name  
In  
Full

Pauline Strube

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

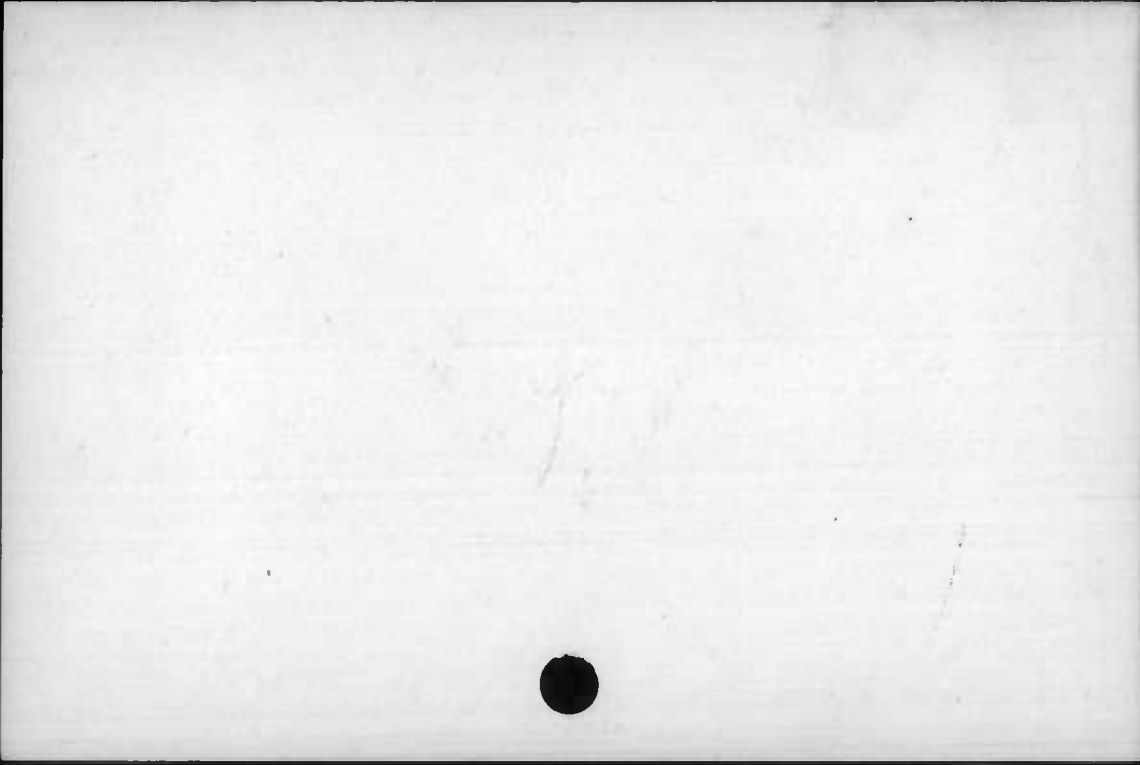
|                                                        |                                                     |                            |     |          |                |
|--------------------------------------------------------|-----------------------------------------------------|----------------------------|-----|----------|----------------|
| Died at <u>Urbana</u> Town                             |                                                     | County <u>Fred</u>         |     | MARYLAND |                |
| Date of death <u>1909</u>                              | Month <u>Feb</u>                                    | Day <u>15</u>              | Age | Months   | Days <u>21</u> |
| Sex <u>Female</u>                                      | Color or Race <u>White</u>                          | Birth-place <u>Alabama</u> |     |          |                |
| Occupation <u>—</u>                                    | Where Residing if not at place of death <u>Same</u> |                            |     |          |                |
| Married, Single or Widowed <u>Single</u>               | Name of Wife or Husband <u>—</u>                    |                            |     |          |                |
| Father's Name <u>Albert Strube</u>                     | Father's Birthplace <u>Ind</u>                      |                            |     |          |                |
| Mother's Maiden Name <u>Bertha Sene</u>                | Mother's Birthplace <u>Ind</u>                      |                            |     |          |                |
| Name of person giving information <u>Albert Strube</u> | How related to deceased <u>Father</u>               |                            |     |          |                |

## CAUSES OF DEATH

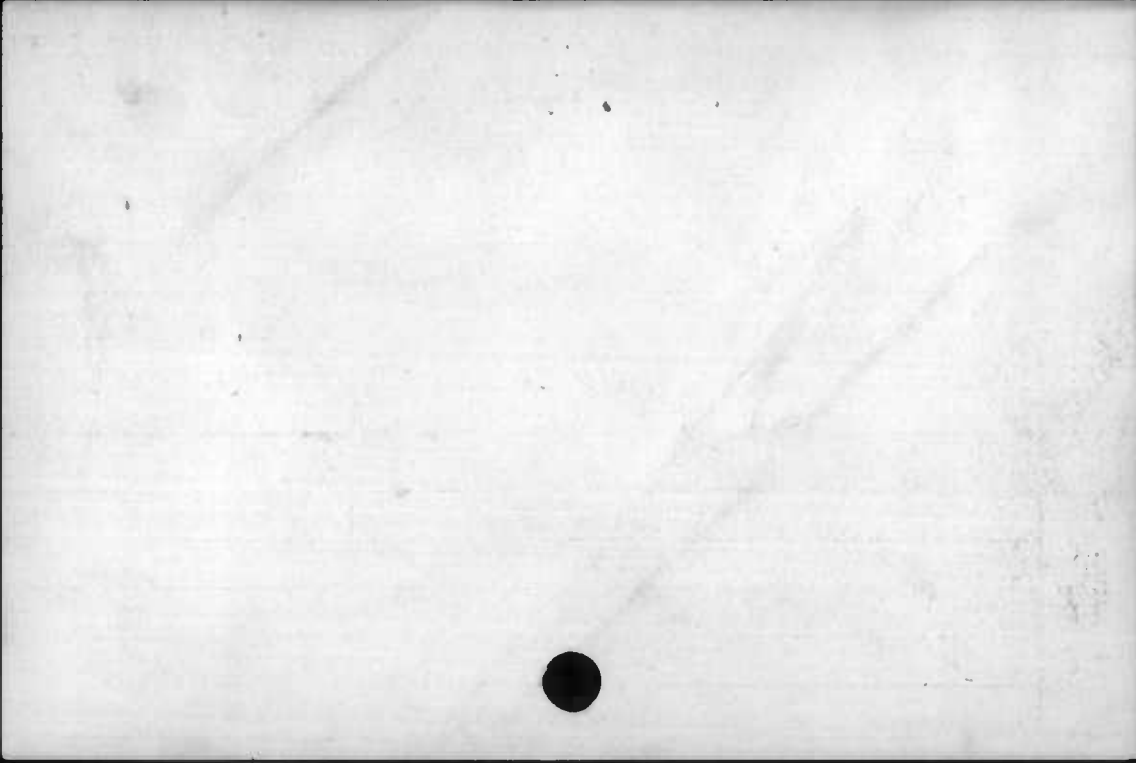
150

PHYSICIAN  
OR CORONER

|                                                                                 |                                                |
|---------------------------------------------------------------------------------|------------------------------------------------|
| Primary <u>Congenital Cardiac Disease</u>                                       | How long <u>Since birth</u>                    |
| Immediate <u>with extreme Cyanosis</u>                                          | How long                                       |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>T. Clyde Rounton</u> |
|                                                                                 | Address <u>Buckley town</u>                    |
| Accident or Suicide? <u>—</u>                                                   |                                                |



|                                     |  |                                                                      |  |                                         |     |                        |        |                |
|-------------------------------------|--|----------------------------------------------------------------------|--|-----------------------------------------|-----|------------------------|--------|----------------|
| Name in Full                        |  | Mary. Elizabeth. Stull                                               |  |                                         |     | CERTIFICATE OF DEATH   |        |                |
| TO BE ANSWERED BY<br>NEAREST FRIEND |  | Died at                                                              |  | Town                                    |     | County                 |        |                |
|                                     |  | Bragers town                                                         |  | Frederick                               |     | MARYLAND               |        |                |
|                                     |  | Date of death                                                        |  | Month                                   | Day | Years                  | Months | Days           |
|                                     |  | 1909                                                                 |  | March                                   | 19  | Age                    | 79     | 3 11           |
|                                     |  | Sex                                                                  |  | Color or Race                           |     | Birth-place            |        |                |
|                                     |  | Female                                                               |  | White                                   |     | Middle town            |        |                |
|                                     |  | Occupation                                                           |  | Where Residing if not at place of death |     | Place of death         |        |                |
| House Keeping                       |  |                                                                      |  | at place of death                       |     |                        |        |                |
| Married, Single or Widowed          |  | Name of Wife or Husband                                              |  |                                         |     |                        |        |                |
| Widow                               |  | Leander J. Stull                                                     |  |                                         |     |                        |        |                |
| Father's Name                       |  | Father's Birthplace                                                  |  |                                         |     |                        |        |                |
| John. Putnam                        |  | Unknown                                                              |  |                                         |     |                        |        |                |
| Mother's Maiden Name                |  | Mother's Birthplace                                                  |  |                                         |     |                        |        |                |
| Mary. Elizabeth. Putnam             |  | Unknown                                                              |  |                                         |     |                        |        |                |
| Name of person giving information   |  | How related to deceased                                              |  |                                         |     |                        |        |                |
| Miss Blanche Stull                  |  | Daughter                                                             |  |                                         |     |                        |        |                |
| CAUSES OF DEATH                     |  |                                                                      |  |                                         |     |                        |        |                |
| PHYSICIAN OR CORONER                |  | Primary                                                              |  | How long                                |     |                        |        |                |
|                                     |  | Valvular disease heart                                               |  | 3 months                                |     |                        |        |                |
|                                     |  | Immediate                                                            |  | How long                                |     |                        |        |                |
|                                     |  | Heart failure                                                        |  | half hour                               |     |                        |        |                |
|                                     |  | Are the name, age, sex, color, date and place correctly given above? |  | yes                                     |     | Signature of Physician |        | J. D. S. Myers |
|                                     |  | Address                                                              |  | Bragers town                            |     |                        |        |                |
|                                     |  |                                                                      |  | Frederick                               |     |                        |        |                |
| Accident or Suicide?                |  |                                                                      |  |                                         |     |                        |        |                |





Name  
in  
Full

Peter Summich

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Montevue County Frederick **MARYLAND**

Died at Montevue

Date of death 1909 Month Mar Day 21 Age 59 Years Months Days

Sex Male Color or Race White Birth-place Stacey

Occupation Junk Dealer Where Residing if not at place of death Frederick

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Unknown Father's Birthplace Stacey

Mother's Maiden Name Unknown Mother's Birthplace 11

Name of person giving Information Supt Montevue Hospital How related to deceased None

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Chronic Pulmonary Tuberculosis How long for some yrs.

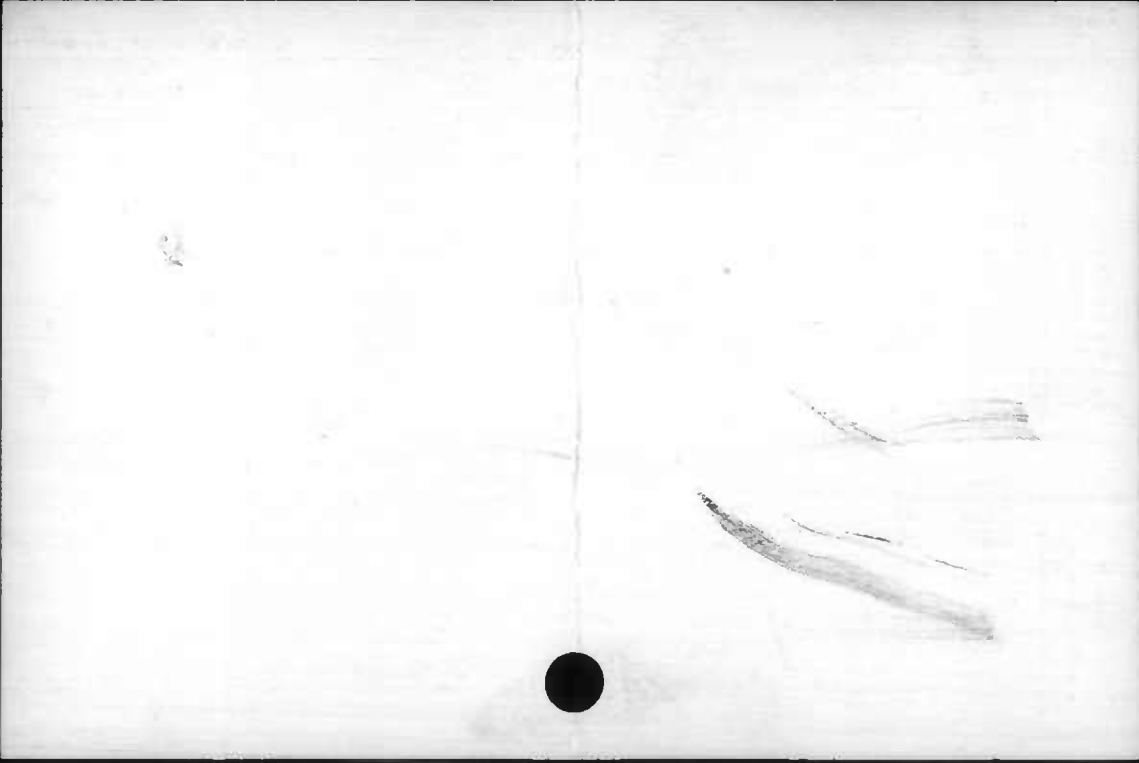
Immediate Exhaustion How long exact time unknown

Are the name, age, sex, color, data and place correctly given above? Yes How long 3 days

Signature of Physician R. B. [Signature]

Address Frederick, Md

Accident or Suicide Accident



Name  
in  
Full

*Thos. Victor Dwyler*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Wt. Airy.* Town *Frederick* County *MARYLAND*  
Date of death *1909* Month *March* Day *30* Age Years Months Days *10*  
Sex *male* Color or Race *colored* Birth-place *Wt. Airy*  
Occupation *Infant* Where Residing if not at place of death *Wt. Airy*  
Married, Single or Widowed Name of Wife or Husband

Father's Name *Frank J. Dwyler* Father's Birthplace *Horned Co*  
Mother's Maiden Name *Ellie Dotson* Mother's Birthplace *Fred Co*  
Name of person giving information *Frank J. Dwyler* How related to deceased *Father*

CAUSES OF DEATH

**151**

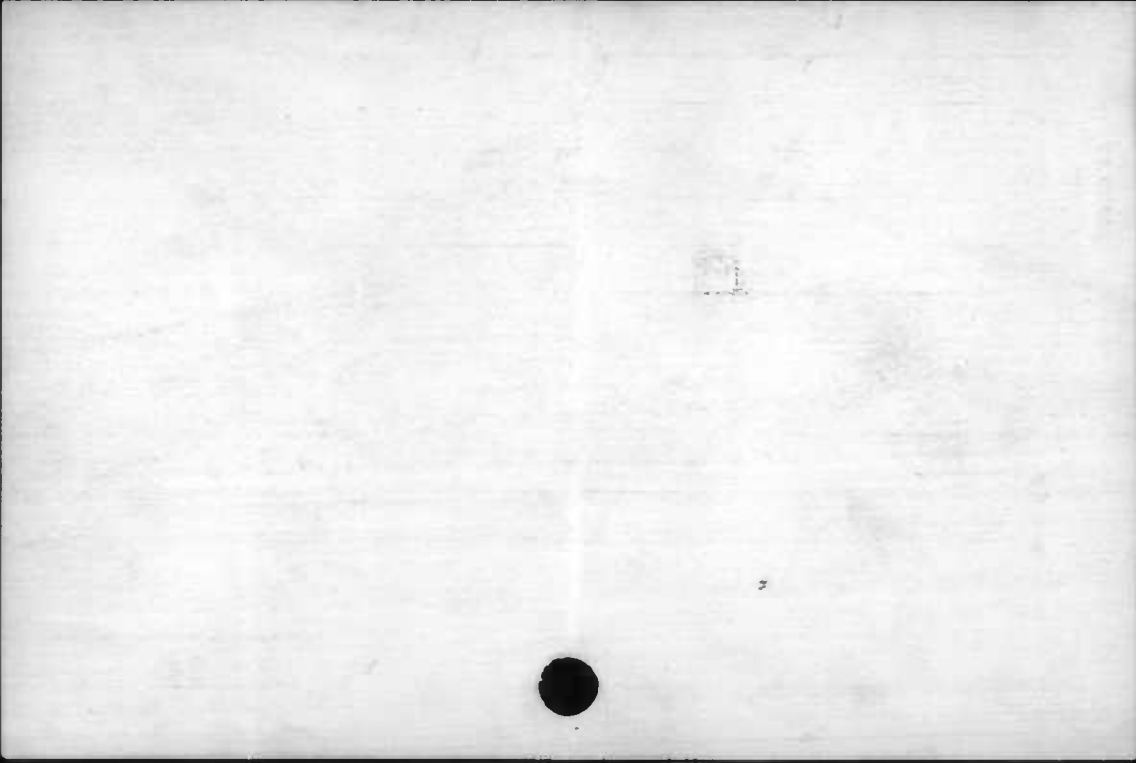
PHYSICIAN  
OR CORONER

Primary *Asthma* How long *From birth*  
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. E. Brownwell*  
Address *Wt Airy Md*

Accident or Suicide?



| Name in Full                                                         |  | CERTIFICATE OF DEATH                    |     |                        |        |
|----------------------------------------------------------------------|--|-----------------------------------------|-----|------------------------|--------|
| May L. Tracy                                                         |  | Town                                    |     | County                 |        |
| Died at                                                              |  | Near Smithsburg                         |     | Fred.                  |        |
| Date of death                                                        |  | Month                                   | Day | Years                  | Months |
| 1909                                                                 |  | 3                                       | 11  | 5-8                    | 8      |
| Sex                                                                  |  | Color or Race                           |     | Birth-place            |        |
| Female                                                               |  | White                                   |     | Foxville Ind. Co. Ind. |        |
| Occupation                                                           |  | Where Residing if not at place of death |     |                        |        |
| House Wife                                                           |  | Near Smithsburg                         |     |                        |        |
| Married, Single or Widowed                                           |  | Name of Wife or Husband                 |     |                        |        |
| Married                                                              |  | Columbus Tracy                          |     |                        |        |
| Father's Name                                                        |  | Father's Birthplace                     |     |                        |        |
| Henry Mahanah                                                        |  | Dont Know                               |     |                        |        |
| Mother's Maiden Name                                                 |  | Mother's Birthplace                     |     |                        |        |
| Elizabeth Brown                                                      |  | Dont Know                               |     |                        |        |
| Name of person giving information                                    |  | How related to deceased                 |     |                        |        |
| Columbus Tracy                                                       |  | Husband                                 |     |                        |        |
| CAUSES OF DEATH                                                      |  |                                         |     |                        |        |
| Primary                                                              |  | How long                                |     |                        |        |
| Chronic Bright's Disease                                             |  | 6 months                                |     |                        |        |
| Immediate                                                            |  | How long                                |     |                        |        |
| Heart Trouble                                                        |  | 2 months                                |     |                        |        |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician                  |     |                        |        |
| Yes                                                                  |  | Dr. M. K. Sawyer                        |     |                        |        |
|                                                                      |  | Address                                 |     |                        |        |
|                                                                      |  | Smithsburg                              |     |                        |        |
|                                                                      |  | Maryland                                |     |                        |        |
| Accident?                                                            |  |                                         |     |                        |        |
|                                                                      |  |                                         |     |                        |        |

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

120



Name  
in  
Full

John F. Valentine

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

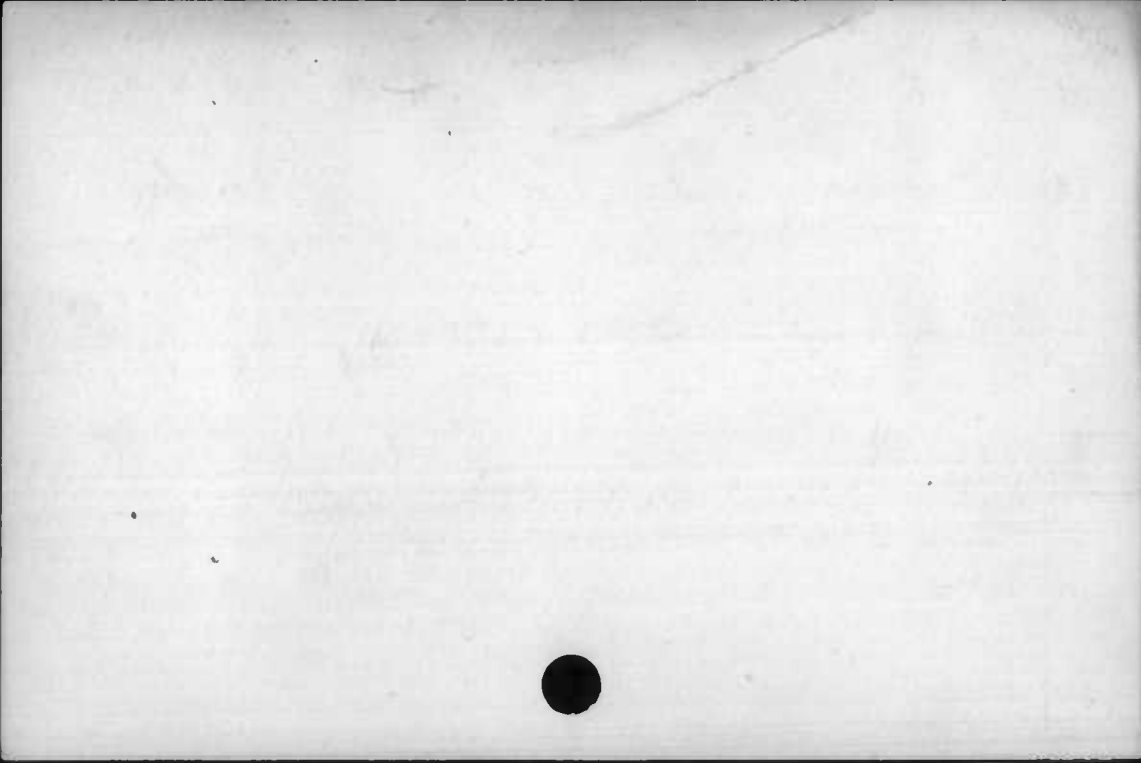
|                                          |                                |                                               |              |                         |             |
|------------------------------------------|--------------------------------|-----------------------------------------------|--------------|-------------------------|-------------|
| Died at <u>Augustown</u> <sup>Town</sup> |                                | <u>Friedrich</u> <sup>County</sup>            |              |                         |             |
| Date of death                            | <u>1909</u>                    | Month                                         | <u>March</u> | Day                     | <u>28</u>   |
|                                          |                                | Age                                           | <u>59</u>    | Years                   |             |
| Sex                                      | <u>male</u>                    | Color or Race                                 | <u>white</u> | Birth-place             | <u>Md.</u>  |
| Occupation                               | <u>farmer</u>                  | Where Residing if not at place of death       |              | <u>Augustown</u>        |             |
| Married, Single or Widowed               | <u>married</u>                 | Name of Wife or Husband <u>Laura V. Oeger</u> |              |                         |             |
| Father's Name                            | <u>John Valentine</u>          |                                               |              | Father's Birthplace     | <u>Md</u>   |
| Mother's Maiden Name                     | <u>Lavinia Harbaugh</u>        |                                               |              | Mother's Birthplace     | <u>Md</u>   |
| Name of person giving information        | <u>Mrs. Laura V. Valentine</u> |                                               |              | How related to deceased | <u>wife</u> |

CAUSES OF DEATH

64

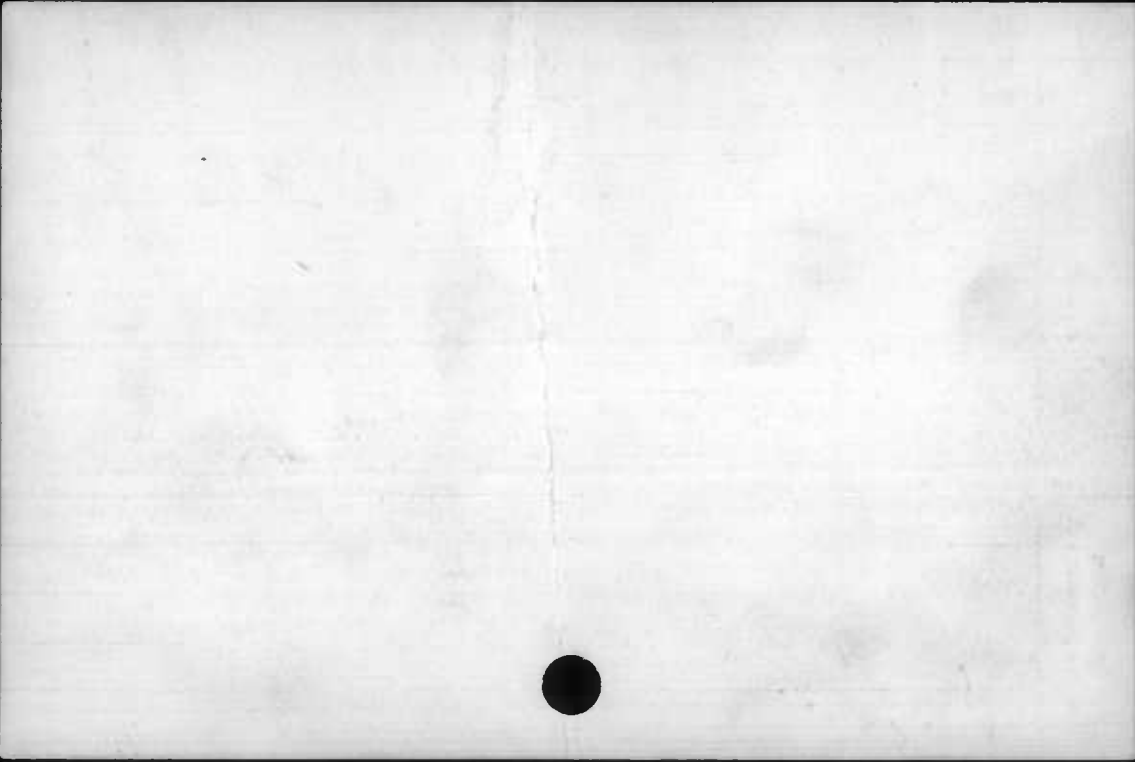
PHYSICIAN  
OR CORONER

|                                                                      |                          |                                              |                  |
|----------------------------------------------------------------------|--------------------------|----------------------------------------------|------------------|
| Primary                                                              | <u>Chronic Nephritis</u> | How long                                     | <u>2 years -</u> |
| Immediate                                                            | <u>Apoplexy</u>          | How long                                     | <u>1 day -</u>   |
| Are the name, age, sex, color, date and place correctly given above? |                          | Signature of Physician <u>Morris A. Buly</u> |                  |
| yes                                                                  |                          | Address <u>Thurmont -</u>                    |                  |
| Accident or Suicide? <u>no</u>                                       |                          | <u>Md.</u>                                   |                  |





| Name in Full                                                                    |  | CERTIFICATE OF DEATH                      |                    |                         |               |
|---------------------------------------------------------------------------------|--|-------------------------------------------|--------------------|-------------------------|---------------|
| William T. Walter                                                               |  | Died at <i>Montrose Hospital</i>          |                    | County <i>Frederick</i> |               |
| Town                                                                            |  | State                                     |                    | MARYLAND                |               |
| Date of death                                                                   |  | 190 <i>9</i>                              | Month <i>March</i> | Day <i>16</i>           | Age <i>81</i> |
| Sex <i>Male</i>                                                                 |  | Color or Race <i>White</i>                |                    | Months <i>Unknown</i>   | Days <i>-</i> |
| Occupation <i>Merchant</i>                                                      |  | Birth-place <i>Poolsville</i>             |                    |                         |               |
| Where Residing if not at place of death                                         |  |                                           |                    |                         |               |
| Married, Single or Widowed <i>Married</i>                                       |  | Name of Wife or Husband <i>Unknown</i>    |                    |                         |               |
| Father's Name <i>Unknown</i>                                                    |  | Father's Birthplace <i>Unknown</i>        |                    |                         |               |
| Mother's Maiden Name <i>Unknown</i>                                             |  | Mother's Birthplace <i>Unknown</i>        |                    |                         |               |
| Name of person giving information <i>Ida Walter</i>                             |  | How related to deceased <i>Daughter</i>   |                    |                         |               |
| CAUSES OF DEATH                                                                 |  |                                           |                    |                         |               |
| Primary                                                                         |  | <i>General debility</i>                   |                    | How long <i>2 yrs.</i>  |               |
| Immediate                                                                       |  | <i>Exhaustion</i>                         |                    | How long <i>2 weeks</i> |               |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> |  | Signature of Physician <i>H. L. Lyman</i> |                    |                         |               |
|                                                                                 |  | Address <i>Frederick, Md.</i>             |                    |                         |               |
| Accident or Suicide?                                                            |  |                                           |                    |                         |               |



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

|                                             |                         |                            |                                         |                            |           |
|---------------------------------------------|-------------------------|----------------------------|-----------------------------------------|----------------------------|-----------|
| Name in Full<br><b>Ethel Irene Whitmore</b> |                         | Town<br><b>Breagertown</b> |                                         | County<br><b>Frederick</b> |           |
| Died at                                     |                         |                            |                                         |                            |           |
| Date of death                               | Month                   | Day                        | Age                                     | Years                      | Months    |
| <b>1909</b>                                 | <b>Mar</b>              | <b>7</b>                   | <b>2</b>                                | <b>2</b>                   | <b>10</b> |
| Sex                                         | Color or Race           |                            | Birth-place                             |                            |           |
| <b>Female</b>                               | <b>White</b>            |                            | <b>Breagertown, Md.</b>                 |                            |           |
| Occupation                                  |                         |                            | Where Residing if not at place of death |                            |           |
|                                             |                         | <b>at place of death</b>   |                                         |                            |           |
| Married, Single or Widowed                  | Name of Wife or Husband |                            |                                         |                            |           |
| <b>Single</b>                               |                         |                            |                                         |                            |           |
| Father's Name                               | Mother's Maiden Name    |                            | Father's Birthplace                     |                            |           |
| <b>Harvey V. Whitmore</b>                   | <b>Mary B. Shryock</b>  |                            | <b>Don't know</b>                       |                            |           |
| Name of person giving information           |                         | Mother's Birthplace        |                                         | How related to deceased    |           |
| <b>Mary B. Whitmore</b>                     |                         | <b>Don't know</b>          |                                         | <b>Mother</b>              |           |

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

|                                                                      |                           |                        |                 |
|----------------------------------------------------------------------|---------------------------|------------------------|-----------------|
| Primary                                                              | <b>Acute Nephritis</b>    | How long               | <b>Ten days</b> |
| Immediate                                                            | <b>Uræmic convulsions</b> | How long               | <b>One hour</b> |
| Are the name, age, sex, color, date and place correctly given above? |                           | Signature of Physician |                 |
| <b>Yes</b>                                                           |                           | <b>J. D. S. Young</b>  |                 |
|                                                                      |                           | Address                |                 |
|                                                                      |                           | <b>Breagertown Md.</b> |                 |
| Accident or Suicide?                                                 |                           |                        |                 |



Name  
in  
Full

Joel P. Williard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

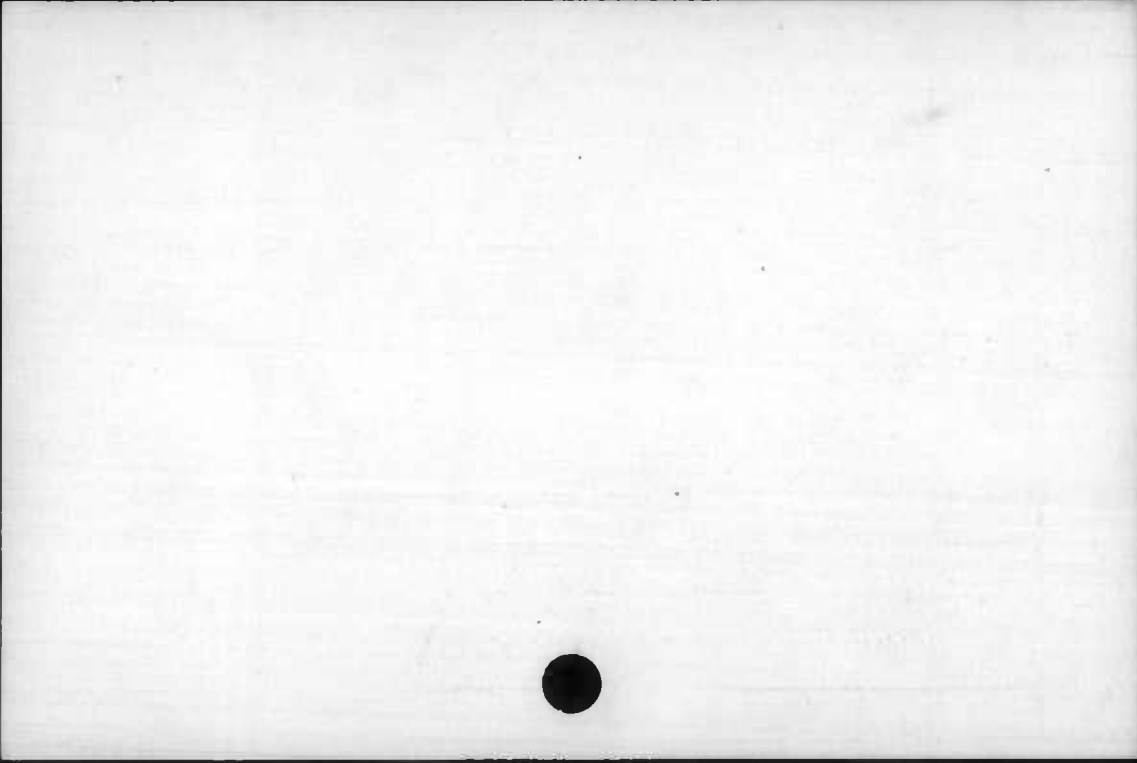
|                                                     |                                                                  |                                    |                          |                                |                                                      |
|-----------------------------------------------------|------------------------------------------------------------------|------------------------------------|--------------------------|--------------------------------|------------------------------------------------------|
| Died at <i>Sabillasville</i> <sup>Town</sup>        |                                                                  | <i>Frederick</i> <sup>County</sup> |                          | MARYLAND                       |                                                      |
| Date of death                                       | <i>1909</i> <sup>Year</sup>                                      | <i>Mar.</i> <sup>Month</sup>       | <i>27</i> <sup>Day</sup> | Age <i>84</i> <sup>Years</sup> | <i>3</i> <sup>Months</sup> <i>26</i> <sup>Days</sup> |
| Sex <i>Male</i>                                     | Color or Race <i>White</i>                                       | Birth-place <i>Frederick Co</i>    |                          |                                |                                                      |
| Occupation <i>Farmer</i>                            | Where Residing if not at place of death <i>at place of death</i> |                                    |                          |                                |                                                      |
| Married, Single or Widowed <i>Widowed</i>           | Name of Wife or Husband <i>Margaret Williard</i>                 |                                    |                          |                                |                                                      |
| Father's Name <i>Lawrence Williard</i>              | Father's Birthplace <i>Frederick Co</i>                          |                                    |                          |                                |                                                      |
| Mother's Maiden Name <i>Catharine Miller</i>        | Mother's Birthplace <i>Frederick Co</i>                          |                                    |                          |                                |                                                      |
| Name of person giving information <i>C. N. Stem</i> | How related to deceased <i>none</i>                              |                                    |                          |                                |                                                      |

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

|                                                                      |                                              |
|----------------------------------------------------------------------|----------------------------------------------|
| Primary <i>Old Age</i>                                               | How long <input checked="" type="checkbox"/> |
| Immediate <i>General Debility</i>                                    | How long <input checked="" type="checkbox"/> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>C. L. Wachter</i>  |
|                                                                      | Address <i>Sabillasville Md.</i>             |
| Accident or Suicide?                                                 |                                              |



Name  
in  
Full

Mrs Mary E. Norman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                         |                     |                                         |                         |                         |                   |                   |
|-----------------------------------|-------------------------|---------------------|-----------------------------------------|-------------------------|-------------------------|-------------------|-------------------|
| Died at <i>Harmony Grove</i>      |                         | Town <i>Harmony</i> |                                         | County <i>Frederick</i> |                         | MARYLAND          |                   |
| Date of death                     | 1909                    | Month               | March                                   | Day                     | 26                      | Age               | 81                |
| Sex                               | Female                  |                     | Color or Race                           | White                   |                         | Birth-place       | Frederick Co. Md. |
| Occupation                        | Retired                 |                     | Where Residing if not at place of death |                         | at place of death       |                   |                   |
| Married, Single or Widowed        | Widow                   |                     | Name of Wife or Husband                 | William D. Norman       |                         |                   |                   |
| Father's Name                     | George Gittinger        |                     |                                         |                         | Father's Birthplace     | Frederick Co. Md. |                   |
| Mother's Maiden Name              | Charlotte Scholl        |                     |                                         |                         | Mother's Birthplace     | "                 |                   |
| Name of person giving Information | Miss Willie Norman, Dr. |                     |                                         |                         | How related to deceased | Daughter          |                   |

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

|                                                                      |                           |                        |                                           |
|----------------------------------------------------------------------|---------------------------|------------------------|-------------------------------------------|
| Primary                                                              | <i>Pneumonia - Severe</i> | How long               | <i>36 hours</i>                           |
| Immediate                                                            | <i>Cornea of lungs</i>    | How long               | <i>12 hours</i>                           |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i>                | Signature of Physician | <i>S. S. Maynard</i>                      |
|                                                                      |                           | Address                | <i>17 Second St West<br/>Frederick Md</i> |
| Accident or Suicide                                                  | <i>No</i>                 |                        |                                           |

Interment Mar 29 - 1909

" at Mt. Olivet Cemetery

Thomas P. Rice. F. 10

Dr Maynard

Dr Goodell

Dr McCurdy



| Name in Full                        |                                                                     | Franklin Thomas Zeigler                                     |              |                         |                                         |                         |                        | CERTIFICATE OF DEATH |  |
|-------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|--------------|-------------------------|-----------------------------------------|-------------------------|------------------------|----------------------|--|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at                                                             | Town<br>Frederick                                           |              | County<br>Frederick     |                                         | MARYLAND                |                        |                      |  |
|                                     | Date of death                                                       | 1909                                                        | Month<br>Mch | Day<br>27               | Age<br>68                               | Year                    | Months<br>7            | Days<br>7            |  |
|                                     | Sex                                                                 | Male                                                        |              | Color or Race           | white                                   |                         | Birth-place            | Md. Co. 7 Md.        |  |
|                                     | Occupation                                                          | Shoe Salesman                                               |              |                         | Where Residing if not at place of death |                         |                        |                      |  |
|                                     | Married, Single or Widowed                                          | Single                                                      |              | Name of Wife or Husband |                                         |                         |                        |                      |  |
|                                     | Father's Name                                                       | A. A. Zeigler                                               |              |                         |                                         |                         | Father's Birthplace    | Md.                  |  |
|                                     | Mother's Maiden Name                                                | Eleanor                                                     |              |                         |                                         |                         | Mother's Birthplace    | not known            |  |
| Name of person giving information   | Reverdy Drouenburg                                                  |                                                             |              |                         |                                         | How related to deceased | Brother-in-law         |                      |  |
| CAUSES OF DEATH                     |                                                                     |                                                             |              |                         |                                         |                         |                        |                      |  |
| PHYSICIAN OR CORONER                | Primary                                                             | Chronic Bright's Disease; Epithelioma of bladder and rectum |              |                         |                                         |                         | How long               | Six or 8 months      |  |
|                                     | Immediate                                                           | Uraemia                                                     |              |                         |                                         |                         | How long               | several weeks        |  |
|                                     | Are the name, age, sex, color, date and place correctly given above | As far as I know                                            |              |                         |                                         |                         | Signature of Physician | J. O. Heedick        |  |
|                                     | Address                                                             |                                                             |              |                         |                                         |                         | Frederick Md.          |                      |  |
| Accident or Suicide?                |                                                                     |                                                             |              |                         |                                         |                         |                        |                      |  |

Obenderfer & Sons